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U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

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If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***

TRANSPORTATION RESEARCH CENTER

Indiana University
[redacted]

ON-SITE AIR BAG INVESTIGATION

CASE NO. - 90-03
FLEET - CORPORATE VEHICLE
LOCATION - [redacted], INDIANA
ACCIDENT DATE - [redacted], 1990

Submitted By:

[redacted]
Senior Staff Associate

[redacted] 1990

Contract Number: DTNH22-87-C-07169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590

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Technical Report Documentation Page

1. Report No.	2. Government Accession No.	3. Recipient's Catalog No.
TRC/IU Case No. 90-01		

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On-Site Air Bag Investigation Fleet - Corporate Vehicle Location - Wheeling, Indiana	[redacted], 1990
	6. Performing Organization Code
7. Author(s)	8. Performing Organization Report No.
[redacted]	TRC/IU 90-03, Task 0070

9. Performing Organization Name and Address	10. Work Unit No. (TRAIS)
Indiana University Transportation Research Center SPEA Building, Room 430 Bloomington, Indiana 47405	11. Contract or Grant No. DTNH22-87-C-07169
12. Sponsoring Agency Name and Address	13. Type of Report and Period Covered
U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590	[redacted], 1990
	14. Sponsoring Agency Code

15. Supplementary Notes

On-site air bag deployment investigation involving a 1990 Ford Taurus GL

16. Abstract

This report covers an on-site investigation of an air bag deployment collision that involved a 1990 Ford Taurus GL station wagon. The Taurus was traveling west in the westbound lane of a two-lane, undivided county roadway. The Taurus went onto the north shoulder to avoid a noncontact vehicle. It reentered, crossed, and exited the roadway onto and through the south shoulder. The right side of the case vehicle impacted a medium-sized tree located on the south roadside causing the driver side supplemental restraint system (air bag) to deploy. Subsequently, the case vehicle contacted several small trees with its front bumper and rolled over onto its top coming to rest facing south-southeast. In addition to the air bag, the driver was also wearing the available 3-point lap and shoulder belt; he sustained a sprained right knee. The right front passenger was not wearing her available 3-point lap and shoulder belt and sustained fatal injuries which included: fracture/dislocation of the atlanto-occipital joint, five fractured right side ribs, and lacerations to her right lung, liver, spleen, and abdominal aorta.

17. Key Words	18. Distribution Statement
Air Bag Motor Vehicle Traffic Accident Deployment Injury Severity	General Public

19. Security Classif. (of this report)	20. Security Classif. (of this page)	21. No. of Pages	22. Price
Unclassified	Unclassified	91	

Form DOT F 1700.7 (8-72) Reproduction of completed page authorized

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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 90-03

FLEET - CORPORATE VEHICLE
LOCATION [redacted], INDIANA

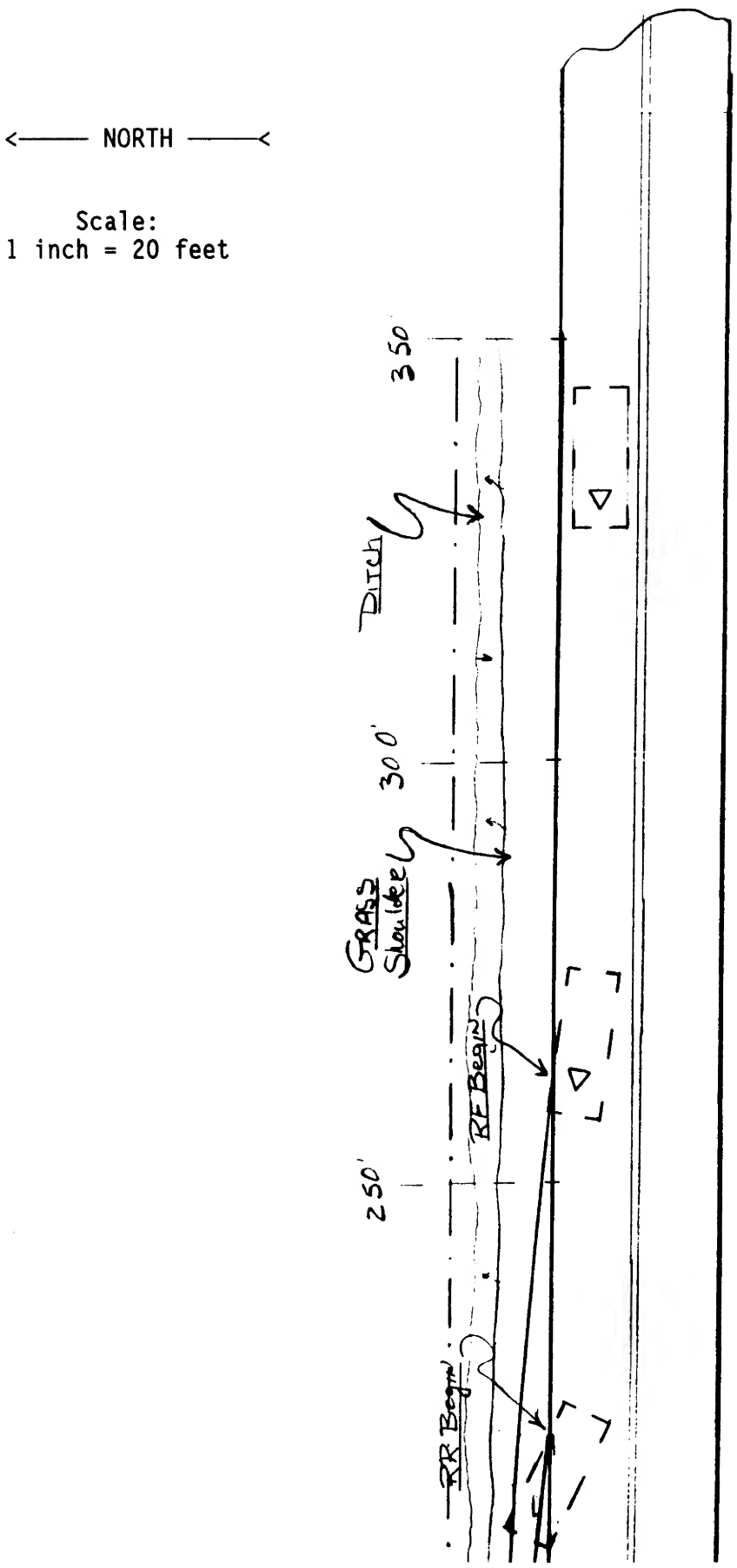
Summary

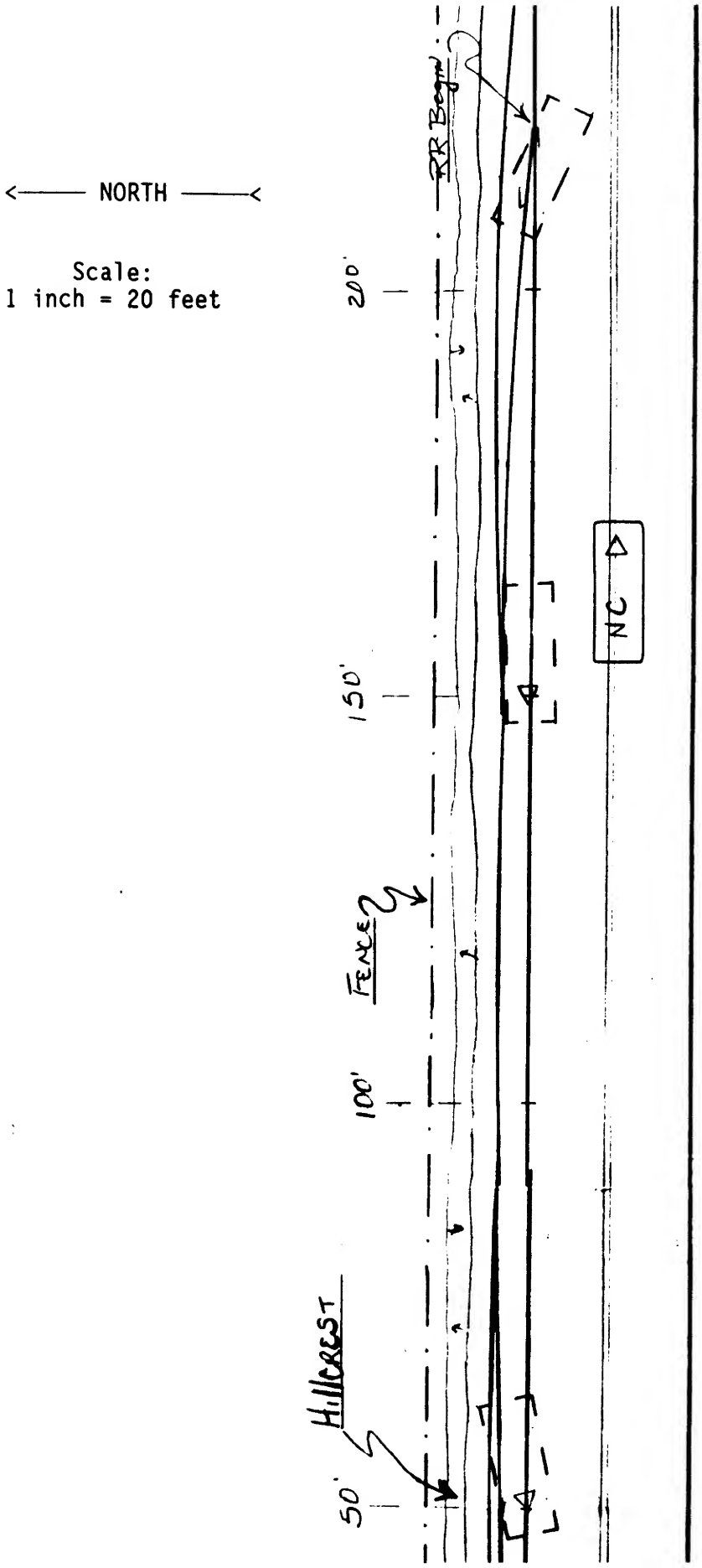
This report concerns a single motor vehicle off-road accident involving an air bag equipped 1990 Ford Taurus station wagon occurring on [redacted], 1990 at [redacted] on a [redacted] near [redacted], Indiana.

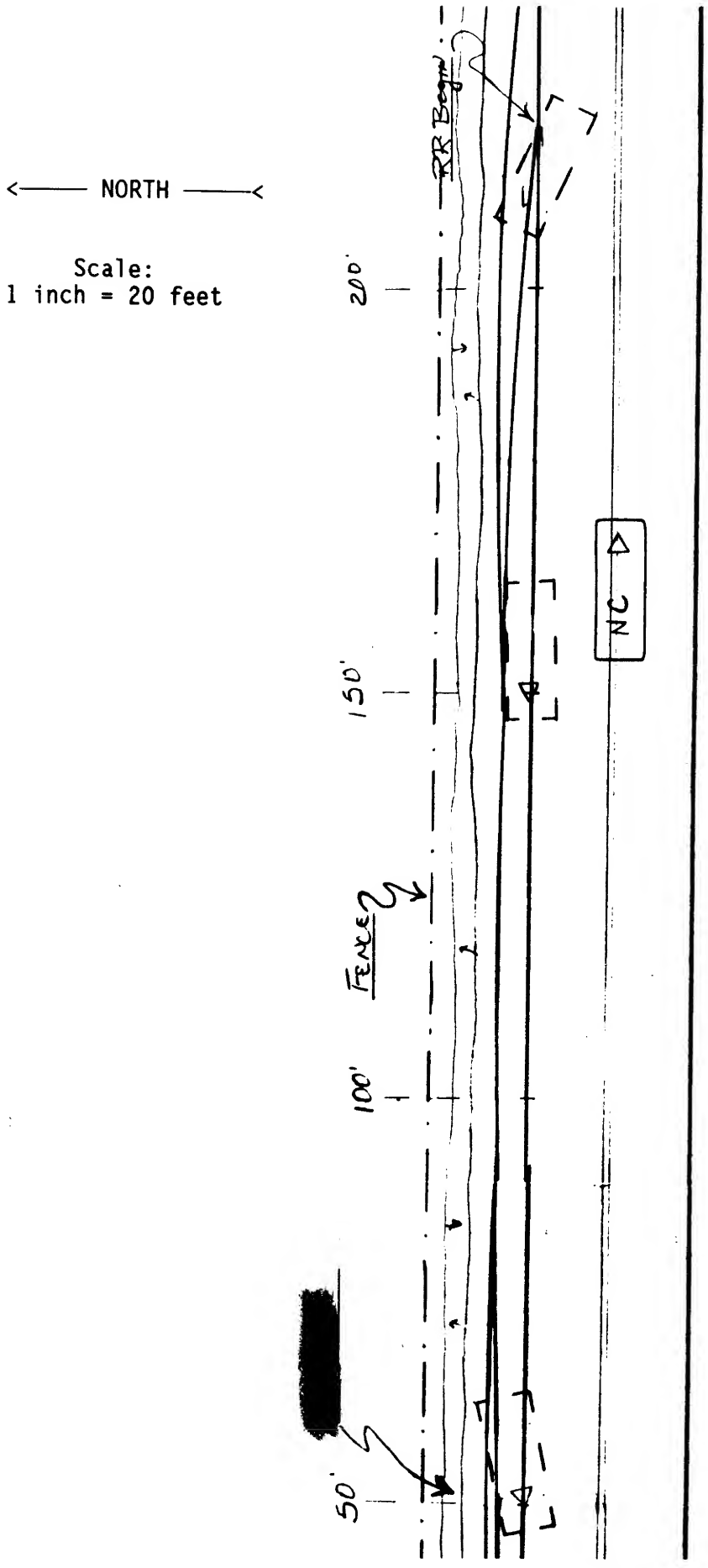
The Taurus was traveling west in the westbound lane of a two-lane undivided roadway when it swerved right to avoid a head-on collision with a non-contact vehicle which was traveling east on the same roadway. The Taurus entered the grassy shoulder on the north side of the road in order to avoid striking the on-coming vehicle. The Taurus reentered the roadway in a counterclockwise rotation. It crossed the roadway and the grassy shoulder on the south side of the roadway while continuing to rotate counterclockwise; it impacted and uprooted a medium-sized tree. The Taurus subsequently hit several small trees and rolled over coming to rest on its top facing south-southeast.

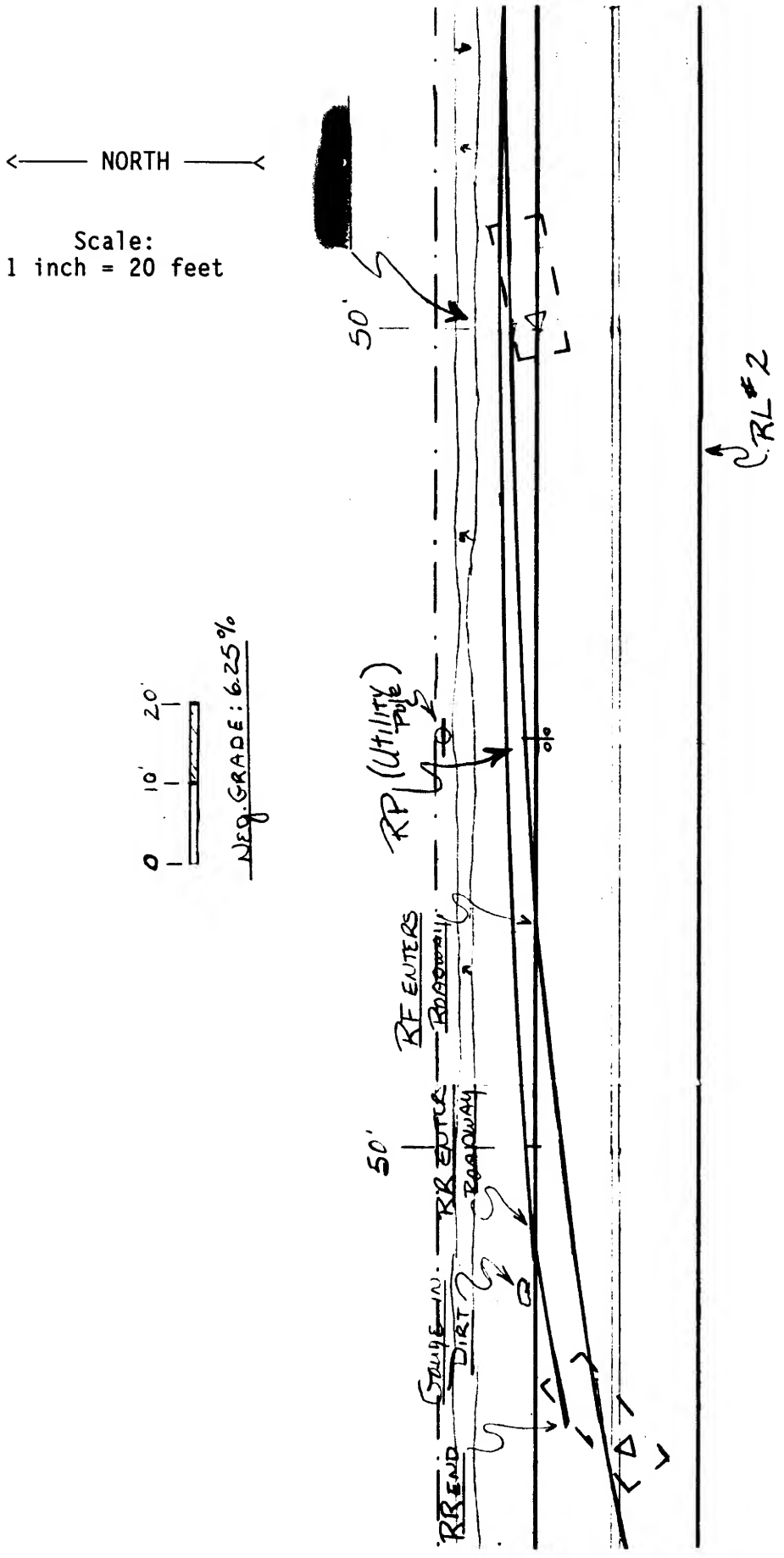
The right front door of the Taurus impacted the medium-sized tree. The front bumper impacted the small trees. CDCs were determined to be: 61-RPAW-5, 09-FDLS-1, and 00-TDDO-1. The CRASHPC reconstruction program was not used on the Taurus's medium-sized tree impact because the tree was uprooted and therefore could not be treated like an immovable barrier.

The 1990 Ford Taurus was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the right side impact. The driver of the vehicle (43 year-old male) was also restrained by the active three-point lap and shoulder belt. He sustained a sprained right knee. The driver of the Taurus was listed on the Police Accident Report as sustaining a "B" (nonincapacitating-evident) injury as a result of this accident. The passenger (33 year-old female) in the Taurus was not wearing the available active three-point lap and shoulder belt. She sustained a fracture/dislocation of the atlanto-occipital joint, five right side rib fractures, and lacerations of her abdominal aorta, spleen, liver, and right lung. She was listed on the Police Accident Report as sustaining a "K" (fatal) injury.


NORTH
Scale:
1 inch = 20 feet
350
Ditch
300'
Grass Shoulder
RE Begin
250'
RR Begin


NORTH
Scale:
1 inch = 20 feet
RR Bed
200'
150'
NC
FENCE
100'
HILLCREST
50'


NORTH
Scale:
1 inch = 20 feet
RR Begin
200'
150'
NC
FENCE
100'
50'


NORTH
Scale:
1 inch = 20 feet
50'
RP (Utility Pole)
RF enters Roadway
RR exits Roadway
RR end
Shale
Dirt
50'
RL #2
0
10'
20'
NEG. GRADE: 6.25%

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 90-03

FLEET - CORPORATE VEHICLE
LOCATION - [redacted], INDIANA

ACCIDENT DATA

Location/Street:	County Road
City/Township:	[redacted] Indiana
Area/Type:	Rural/Agricultural
Accident Date/Time:	[redacted] 1990 @ [redacted]
Investigating Police Agency:	[redacted] Sheriff Department
Accident Type:	Car - ran-off-road fixed object
Occupant Injury Severity (air bag vehicle):	Laceration abdominal aorta (AIS-4) (Front-right passenger)

AMBIENT CONDITIONS

Light conditions:	Daylight
Weather Condition:	Overcast
Precipitation:	None (had rained earlier in morning)
Road Surface:	Dry

ROADWAY

	Case Vehicle
Location:	County road
Number of Travel Lanes:	2-lanes, undivided
Width:	20 feet
Surface Type:	Asphalt
Median:	None
Shoulders:	Grass
Vertical alignment:	Negative grade: 6.25 percent

ROADWAY (CONT'D.)

	Case Vehicle
Horizontal alignment:	Straight
Estimated Coefficient of Friction:	.71 asphalt .45 wet grass
Traffic Density:	Moderate

TRAFFIC CONTROLS

	Case Vehicle
Signals:	None
Signs:	None
Markings:	Double yellow center lines
Speed Limit:	55 m.p.h.

VEHICLES

	Case Vehicle
Year:	1990
Make:	Ford
Model:	Taurus GL
Body Type:	Station Wagon
V.I.N.:	1FACP5745LG------
Color:	Gray
Mileage:	22,281
Engine:	V-6, 3.8 liter
Transmission:	Automatic
Steering:	Power-assisted, rack-and-pinion
Brakes:	Power-assisted front disc brakes, rear drum brakes
Padding:	Dash, steering wheel, doors

VEHICLES (CONT'D.)

	Case Vehicle
Active Restraints:	Front and rear, 3-point lap and shoulder
Passive Restraints:	Factory installed driver supplemental restraint system (air bag)
Defects:	None
Fleet:	Corporate vehicle
Tow status:	Towed due to damage

VEHICLE DAMAGE

Exterior	Case Vehicle
Deployment Impact	
Event number:	1
Object Struck:	Medium-sized Tree
Damage location	
Damaged Plane:	Right
Vertical Location On Plane:	Mid-door
Direct Begins:	36.50 inches forward of right-rear axle
Length Direct:	14.00 inches
Field L:	42.00 inches
C_1:	2.50 inches
C_2:	16.00 inches
C_3:	34.00 inches
C_4:	28.50 inches
C_5:	15.00 inches
C_6:	7.25 inches
D:	+ 2.0 inches
Maximum Crush:	34.00 inches
Location:	C_3
CDC:	61-RPAW-5
Damaged Components:	Right-front door, roof, windshield
1st Nondeployment Impact	
Event number:	2
Object Struck:	Small trees

VEHICLE DAMAGE (CONT'D.)

Exterior (Cont'd.)	Case Vehicle
1st Nondeployment Impact (Cont'd.)	
Damage location	
Damaged Plane:	Front
Vertical Location	
On Plane:	Bumper level
Length Direct:	60.0 inches
Direct Begins:	Right-front bumper corner
Field L:	60.0 inches
C_1:	2.0 inches
C_2:	0.5 inch
C_3:	0.0 inches
C_4:	0.0 inches
C_5:	0.0 inches
C_6:	0.0 inches
D:	0.0 inches
Maximum Crush:	2.0 inches
Location:	C_1
CDC:	09-FDLS-1
Damaged Components:	Front bumper
2nd Nondeployment Impact	
Event number:	3
Object Struck:	Ground
Damage location	
Damaged Plane:	Top
Vertical Location	
On Plane:	Not applicable
Length Direct:	Not applicable
Direct Begins:	Not applicable
Field L:	Not applicable
C_1:	Not applicable
C_2:	Not applicable
C_3:	Not applicable
C_4:	Not applicable
C_5:	Not applicable
C_6:	Not applicable
D:	Not applicable
Maximum Crush:	Scratches
Location:	Roof
CDC:	00-TDDO-1
Damaged Components:	Left-rear side glass

VEHICLE DAMAGE (CONT'D.)

Interior

Damaged Components:	Instrument panel and glove box, right-front passenger's seat, sunvisors, floor, right-front interior light, ashtray
Other Evidence of Occupant Contact:	Blood/hair on interior rooflight; blood on roof; scuffs: right-front arm rest, upper A-pillar, B-pillar, right-front interior door surface, glovebox door, right-side roof rail
Manual Restraint System Failures:	None
Seat Performance Failures:	Driver's right side seatback anchor is pulled away from cushion; right-front seat back deformed rearward and seat cushion deformed laterally

Repair

Cost Estimate:	Vehicle was a total loss

VEHICLE VELOCITY ESTIMATES

Highest Delta "V"	Case Vehicle
Reconstruction Program:	None
Program Algorithm:	Not applicable
Travel Speed:	45-50 (Driver estimate)
Total Delta "V":	Unknown
Longitudinal Delta "V":	Unknown
Lateral Delta "V":	Unknown

COLLISION SEQUENCE

Pre-Crash: The case vehicle (Taurus) was traveling west in the westbound lane of a two-lane undivided county roadway. A noncontact vehicle was traveling east on the same roadway. As the noncontact vehicle crested the hill the driver of the case vehicle perceived the noncontact vehicle to be traveling in the middle of the roadway and swerved right onto the grassy shoulder on the north side of the road in order to avoid striking the noncontact vehicle. While attempting to return to the roadway,

COLLISION SEQUENCE (CONT'D.)

the case vehicle began to rotate in a counterclockwise fashion. The rotation was accelerated as the grassy shoulder became level as the vehicle crested the hill. The case vehicle crossed the roadway and the grassy shoulder on the south side of the roadway while continuing to rotate counterclockwise. The accident occurred on the south roadside. The noncontact vehicle continued on and was not identified.

Crash: The right front door of the case vehicle impacted a medium-sized tree causing the driver side supplemental restraint system (air bag) to deploy. The case vehicle subsequently hit several small trees and rolled over coming to rest on its top facing south-southeast.

Post-Crash:

Occupants: The driver of the case vehicle remained inside the vehicle at final rest. He was conscious though somewhat disoriented as a result of the accident. The driver remained belted in an upside down position since the vehicle was on its top at final rest. He was able with the assistance of passersby who pried open the left-rear door to exit the case vehicle. The right-front passenger remained inside the vehicle at final rest and was found lying on the roof of the vehicle. She was unconscious and was unable because of her injuries to exit the case vehicle.

Police: The investigating police agency was notified of the accident within four minutes and arrived on-scene within fourteen minutes. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: The driver was transported by ambulance to a medical facility where he was treated and released. The right-front passenger was pronounced dead at the scene. She was subsequently transported to a medical facility where an autopsy was peformed.

Removal: Following the police investigation, the case vehicle was towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

	Case Vehicle
Driver:	43 year-old male
Height:	71 inches
Weight:	205 pounds
Occupation:	Sales representative

HUMAN FACTORS/OCCUPANT DATA (CONT'D.)

	Case Vehicle
Active Restraint System/Usage:	3-point lap and shoulder/used
Usage Source:	Driver interview/medical records
Eye glasses/contacts:	None
Vehicle Familiarity:	Eight months
Route Familiarity:	First time on trafficway
Trip Plan:	Attend a festival in another county
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	Treated and released
Passenger:	33 year-old female
Seated Position:	Front-right
Height:	67 inches
Weight:	120 pounds
Active Restraint System/Usage:	3-point lap and shoulder/not used
Usage Source:	Driver interview/Police Accident Report
Manner of Leaving Scene:	Ambulance
Type of Medical Treatment:	None - Dead at scene

DRIVER INJURIES

Injury	Severity (OIC/AIS)	Source
Sprain right knee	KRSJ-1	Center instrument panel

PASSENGER INJURIES

Injury	Severity (OIC/AIS)	Source
Fracture/dislocation of atlanto-occipital joint	NPZV-2	Roof side rail

PASSENGER INJURIES (CONT'D.)

Injury	Severity (OIC/AIS)	Source
		Right-side door interior surface excluding hardware
Fracture right 5-9 ribs	CRFS-4	
Laceration abdominal aorta	MCLA-4	
Laceration right lung	CRLP-3	
Laceration liver	MRLL-2	
Laceration spleen	MLLQ-2	

DRIVER KINEMATICS

The driver of the case vehicle was seated in an upright position using the available active 3-point lap and shoulder restraint. The driver steered the case vehicle as evidenced by the vehicle's right roadside departure and subsequent reentry onto the roadway. There is no evidence or driver indication of braking during the vehicle's travel on either the north grassy shoulder or on the south grassly shoulder near impact.

The driver moved toward the center of the instrument panel as a result of the vehicle's impact with the medium-sized tree. The active restraint worn by the driver and the air bag prevented him from contacting the windshield, steering wheel, upper instrument panel, or front-right passenger. Evidence indicates the driver contacted the lower center instrument panel and the air bag.

The impact with the several small trees occurred right after the main impact and was of little consequence energy-wise. This impact probably did not change the driver's kinematics. During the rollover the driver remained restrained by the 3-point lap and shoulder belt which held him essentially in place throughout the roll. At final rest the driver was held by the active restraint system in an upside-down position as the vehicle came to rest on its top.

PASSENGER KINEMATICS

The front-right passenger in the case vehicle was seated in an unbelted upright posture. During the vehicle's counterclockwise rotation and the driver's steering maneuvers the passenger's posture probably changed very little. The passenger most likely loaded into the front-right door.

At impact the passenger heavily loaded the right-front door and roof side rail area as they were being crushed inward toward her. This kinematic pattern is consistent with the right side injuries she sustained. The passenger probably rebounded backwards against the her seatback or the driver due to the extensive intrusion into her occupant space. Once again, the impact with the several small trees made little or no differece in her movements. During the

PASSENGER KINEMATICS (CONT'D.)

roll the passenger reloaded the right-front door area with her head upwards against the roof.

At final rest the passenger was lying on the roof under the driver.

AIR BAG SYSTEM

Deployment Threshold:	Unknown
Airbag Diameter (seam-to-seam, deflated):	24 inches
Number of Vent Holes:	Two
Vent Hole Diameter:	Not measured
Vent Hole Clock Positions:	3 and 9 o'clock
Generant Residue:	None noted

SELECTED PRINTS

01 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Path of travel & departure

02 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Right tire scuffs in reentry

03 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Right scuffs in CCW rotation

04 -- , 1990
Indiana
TRC/IU: 90-03, Task: 0070
Broadside slide into impact

05 -- ; 1990
Indiana
TRC/IU: 90-03, Task: 0070
Looking back from impact

06 -- ; 1990
Indiana
TRC/IU: 90-03, Task: 0070
Taurus left frontal view

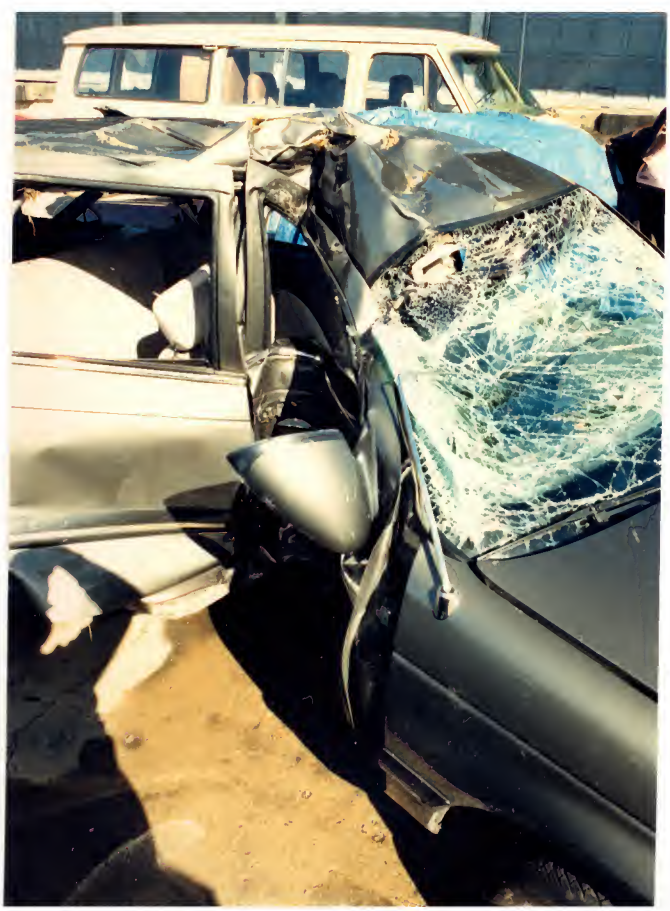
07 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Front left leftside view

08 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Rear left rearside view

09 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Full view of rear plane

10 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Right rear rightside view

11 -- , 1990
Indiana
TRC/IU: 90-03, Task: 0070
Right front rightside view



12 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Closeup of tree impact

13 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Front right frontal view

14 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Sky view from left side

15 -- 1990
, Indiana
TRC/IU: 90-03, Task: 0070
Sky view from right side

16 -- 1990
, Indiana
TRC/IU: 90-03, Task: 0070
Interior viewed from rear

SLIDE INDEX

SLIDE INDEX

Slide No.	Description	Direction
1	Path of vehicle travel, and location where vehicle departs onto right shoulder (yellow flags equal right side tires; red flags equal left side tires)	West
2-7	Right side of vehicle on north shoulder; vehicle is in a slight counterclockwise yaw	West
8	Right side of vehicle reenters roadway from north shoulder	West
9,10	Right side tires mark on roadway--vehicle continues in counterclockwise rotation	West
11-14	Vehicle departs south side of roadway while continuing its counterclockwise rotation into impact with tree (cone represents original location of tree)	West
15-16	Looking back from point of impact with tree	East
17	Looking back from area where vehicle first departed onto north shoulder	East
18-27	Overview of exterior damage to case vehicle (counterclockwise direction around vehicle)	
28-30	Front damage with contour gauge in place	
31,32	Sky view showing crush to right front door area	
33-36	Crush documentation with contour gauge in place	
37	Contour rod depicts Principal Direction of Force (PDOF approximately 30-40 degrees) of tree into right front door	
38	View showing height of direct contact damage	
39-41	Damage to windshield with areas of "holed" glazing	
42-45	Interior of case vehicle showing deployed air bag and area of intrusions	

SLIDE INDEX

Slide No.	Description	Direction
46-52	Interior showing right side intrusions and occupant contacts	
53,54	Left rear door: latch/striker-damage, damaged during extraction	

IN 9003 #1

IN 9003 #2

IN 9003 #3

IN 9003 #4

IN 9003 #5

IN 9003 #6

IN 9003 #7

IN 9003 #8

IN 9003 #9

IN 9003 #10

IN 9003 #11

IN 9003 #12

IN 9003 #13

IN 9003 #14

IN 9003 #15

IN 9003 #16

IN 9003 #17

IN 9003 #18

IN 9003 #19

IN 9003 #20

IN 9003 #21

IN 9003 #22

IN 9003 #23

IN 9003 #24

IN 9003 #25
Best Available

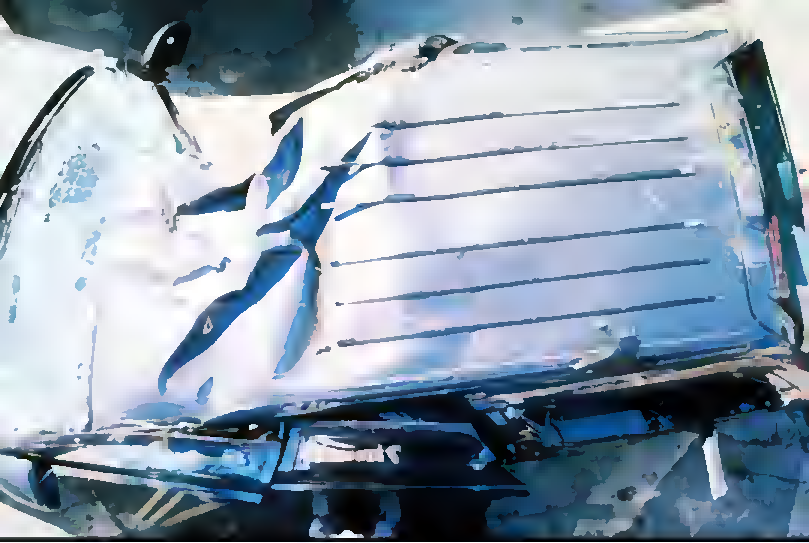
IN 9003 #26

IN 9003 #27

IN 9003 #28

IN 9003 #29

IN 9003 #30



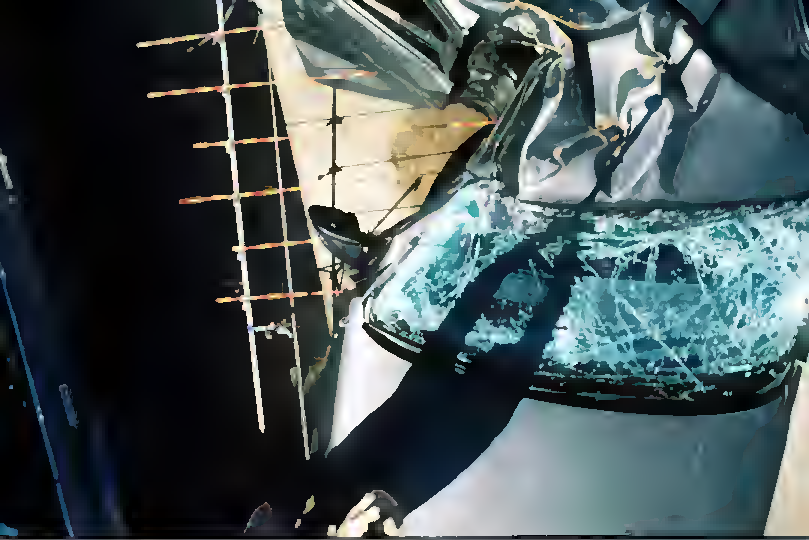
IN 9003 #31

IN 9003 #32

IN 9003 #33

IN 9003 #34

IN 9003 #35



IN 9003 #37

IN 9003 #39

IN 9003 #40
Best Available

IN 9003 #41

IN 9003 #42
Best Available

IN 9003 #43
Best Available

IN 9003 #44
Best Available

IN 9003 #45
Best Available

IN 9003 #46
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IN 9003 #47
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IN 9003 #48
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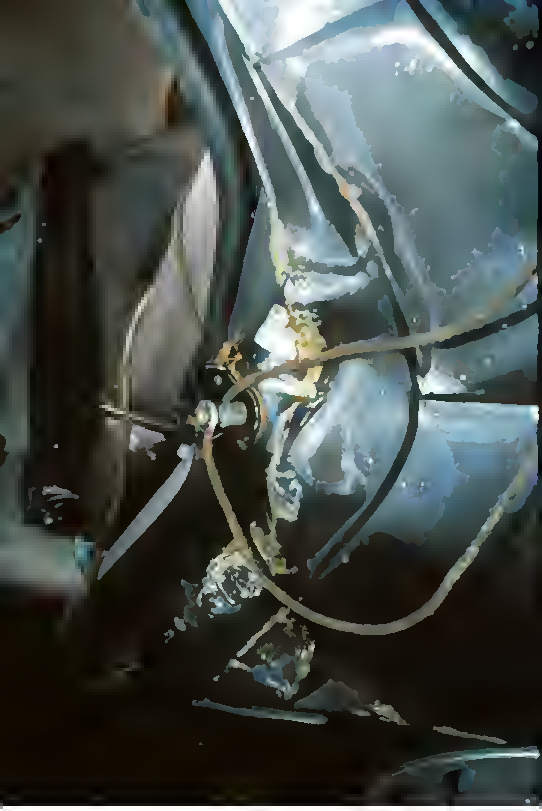
Best Available

IN 9003 #51

IN 9003 #52
Best Available

IN 9003 #53



IN 9003 #54

Accident Collision Measurement Table

U.S. Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 1 0 Case Number–Stratum 9 0 0 3

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

- *approximate vehicle orientation at impact and final rest
- *applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)
- *applicable traffic controls (e.g., speed limit)
- *north arrow placed on diagram
- *sketch required

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the Level I tasks noted above, the following must be accomplished when physical evidence is present:

- *document reference point and reference line relative to physical features present at the scene
- *scaled documentation of all accident induced physical evidence
- *scaled documentation of all roadside objects contacted
- *roadway surface type and condition of applicable roadways
- *grade measurements for all applicable roadways
- *scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

LEVEL II (Cont'd)

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	—	—	—
Surface Type	Asphalt	—	—
Surface Condition	Dry	—	—
Grade Measurement (v/h)	1.5/24" neg.	—	—

Reference Point: Utility Pole on N side of road

Reference Line: RL#1 N. Roadedge
RL#2 S. Roadedge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
1 RF V1 leaves road - rt shoulder	262.2 E	0V RL#1
2 Mid pt of RF on shoulder	219.9 E	3.4N
3. RR leaves road - rt shoulder	219 E	1.0
4 RF mid pt. on shoulder	178.8 E	4.0 N
5. RR mid pt. on shoulder	179.3 E	2.9 N
6. Gouge on rt. shoulder (3.6x1.7 middle)	166. E	1.4 N
7. RR mid pt. on shoulder	150. E	3.5N
8 RF mid pt on shoulder	150. E	3.5 N
9. RR diverge from RF	100. E	3.7 N
10 RF diverge from RR	100. E	3.7 N
11. RR mid pt. on shoulder	50. E	4.5N
12 RF mid pt on shoulder	50 E	2.5N

HS Form 431A (1/90)

RL# 2

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
13. RF enters roadway	25. W	20. N
14. RF midpt on shoulder	25. W	22.2 N
15. RF midpt on roadway	62.0 W	15.3 N
16 RR enters roadway	62.0 W	20.0 N
17. Gouge (3.5 x 1.5) middle	67.8 W	20.5 N
18 RR scuff end on road	82.8 W	16.3 N
19. LF leaves road, enters left shoulder	118.7 W	0. 0
20. Gouge on left shoulder (6" x 1')	128.5 W	2.3 S
21. RF leaves road onto left shoulder	132. W	0.0
22 LR leaves road	143.5 W	0.0
23 RF leaves road	151.2 W	0.0
24. LR midpt on shoulder	155.5 W	5.3 S
25. RF midpt	155 5 W	10.2 S
26. LF midpt	155.5 W	13.5 S
27. Gouge (3.0' x 3.0') in dirt	165.1 W	14.4 S
28. RR midpt	180.0 W	9.6 S
29 LR midpt	180.0 W	11.6 S
30. RF midpt.	180. W	18.0 S
31. LF midpt.	190.0 W	20.2 S
32 RR ends	195. W	13.8 S
33. LR ends	195. W	**16.9 S**
34 RF ends	196.7 W	23.2 S
35. LF ends	199.0 W	25.0 S
36. Tree stump (mid-section)	200.4 W	20.7 S
37. Small tree	198.1 W	27.4 S
38. Midpt. of final rest area	214.1 W	20.5 S
39 Road width = 20.'		

Appendix A:

Police Accident Report

INDIANA OFFICER'S STANDARD ACCIDENT REPORT

[redacted]

Mail to: Indiana State Police, Accident Records Section, [redacted] IN [redacted]

OFFICE USE ONLY
Accident ID No

1. Prim. 42 / V1 42 / V1 10 / V2 / V2 — 7: 2

LOCATION

Date of Accident	Day of Week	Actual Local Time	No. Motor Vehicles	No. Injured	No. Dead	No. Trapped
[redacted] YEAR 90	[redacted]	[redacted] ☒ AM ☐ PM	1	1	1	

8: 4

County	Township	City/Town or Nearest City/Town
[redacted]	[redacted]	[redacted]

Inside Corporate Limits? ☐ Yes ☒ No — Property? ☐ Private ☐ DNR ☒ Other — Distance and Direction From Corporate Limits: 3½ Miles North; ____ Miles South; 1½ Miles East; ____ Miles West

2. V1 23 / V2

Road Accident Occurred On	Intersecting Road/Mile Marker/Interchange
CR [redacted]	

9: 4

If not at Intersection, number of feet from	Direction	Nearest Intersecting Road/Mile Marker/Interchange
68'	East	CR [redacted]

DRIVER 1

3. V1 12 / V1 / V1 / V2 / V2 — 10: 2

Driver's Name (Last, First, MI)				
[redacted]				
Address (Street, City, State, Zip)				
[redacted]				
Apparent Phys. Stat (enter no.)	**Sex**	**Date of Birth** MONTH DAY YEAR	**Arrested?**	
1	M	[redacted]	☐ Yes ☒ No	
Driver's License No.	**Lic. Type**	**Lic. St**	**Restr**	
[redacted]	OM	IN		

DRIVER 2

Driver's Name (Last, First, MI)				
Address (Street, City, State, Zip)				
Apparent Phys. Stat (enter no.)	**Sex**	**Date of Birth** MONTH DAY YEAR	**Arrested?**	
			☐ Yes ☐ No	
Driver's License No.	**Lic. Type**	**Lic. St**	**Restr**	

11: 1

VEHICLE 1

4. V1 10 / V1 / V2 / V2 — 12: 2

Color	Veh. Yr	Make	Model Name
GRY	90	Ford	Taurus (4W)
Veh. Type (enter no.)	**Lic. Yr**	**License No.**	**Lic. State**
1	90	[redacted]	IN
Veh. Use (enter no.)	**Speed Limit**	**Fuel Tax No.**	
1	55		
Direction of Travel	**No. Occupants**	**Fire?**	**No. Axles**	**Transporting Hazardous Mat.**
West	2	☐ Yes ☒ No	2	☐ Yes ☒ No
Towed To	**Towed By**			
[redacted]	[redacted]			
Registered Owner's Name (Last, First, MI)				
[redacted]				
Address (Street, City, State, Zip)				
[redacted]				

VEHICLE 2

Color	Veh. Yr	Make	Model Name
Veh. Type (enter no.)	**Lic. Yr**	**License No.**	**Lic. State**
Veh. Use (enter no.)	**Speed Limit**	**Fuel Tax No.**	
Direction of Travel	**No. Occupants**	**Fire?**	**No. Axles**	**Transporting Hazardous Mat.**
		☐ Yes ☐ No		☐ Yes ☐ No
Towed To	**Towed By**			
Registered Owner's Name (Last, First, MI)				
Address (Street, City, State, Zip)				

13: 2 — 14: 2 — 15: 1

5. V1 / V2 — 6: 5

TRAILER 1

Registered Owner's Name (Last, First, MI)				
Address (Street, City, State, Zip)				
License No.	**Make**	**Year**	**Lic. St.**	**Lic. Yr**

TRAILER 2

Registered Owner's Name (Last, First, MI)				
Address (Street, City, State, Zip)				
License No.	**Make**	**Year**	**Lic. St.**	**Lic. Yr**

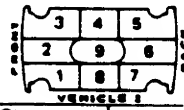
15A: 2

DAMAGE

INITIAL IMPACT: V1 4 / V2 — DAMAGE EST: V1 6 / V2

Areas Damaged (Multiples)

10 - Undercarriage
11 - Trailer
12 - None



OTHER PROPERTY (INCLUDE CARGO)		
Name of Object	OWNER'S NAME AND ADDRESS	Damage Est (use chart)

PEDESTRIAN

Direction	Street/Highway	Arrested?	Apparent Phys. Stat. (enter no.)
		☐ Yes ☐ No	

What was pedestrian doing before accident? Enter No.

1 Not in roadway
2 Standing in roadway
3 Playing in roadway
4 Pushing or working on vehicle
5 Other working in roadway
6 Walking in roadway with traffic
7 Walking in roadway against traffic
8 Getting on or off vehicle
9 Getting on or off school bus
10 Crossing or entering not at intersection
11 Crossing or entering at intersection
12 Other

Pedestrian Traffic Control? ☐ Yes ☐ No

16	17	18	18A	19	20	21	22	23	24	25	26	27	28	29
		6	1	1	DRIVER OF VEHICLE 1 (as listed above) B	5	4	1	CWI			2	1	
					DRIVER OF VEHICLE 2 (as listed above)									
1	3	1		1	[redacted] K	8	2	6	CWI	33	F	1		

Diagram

Indicate NORTH by an arrow

Diagram Attached

NARRATIVE (Refer to Vehicle by Number)

Veh #1 was westbound on CR [redacted] north. Veh #1 went off the north side of the roadway to avoid Veh X which crested a hill and was left of center. Veh #1 reentered the roadway and driver lost control. Vehicle skid broadside thru the grass before striking a tree stump and flipped onto its top.

D1 Insured By [redacted]		D2 Insured By	
Other Participant(s) Name, Address (etc.)			
Name of Witness No. 1	Address		Location at Time of Accident
Name of Witness No. 2	Address		Location at Time of Accident
Name of Person Arrested	I.C. Code(s)	Name of Person Arrested	I.C. Code(s)
Time Notified [redacted] X AM PM Time Arrived [redacted]	X AM PM	Other Location of Investigation [redacted] Hospital	Investigation Complete X Yes No / Photos Taken X Yes No
Assisting Officer [redacted]	I.D. No. [redacted]	Agency [redacted]	Date of Report [redacted]90
Assisting Officer [redacted]	I.D. No. [redacted]	Agency " " "	Driver Report Form Furnished D1 D2
In[redacted]nature	I.D. No. [redacted]	Agency " " "	

INITIAL CASE REPORT — [redacted] DEPARTMENT

SHERIFF [redacted]

[redacted]

Page	Of	Case No.
1		[redacted]

Offense	Supervisory Correction No. 2 or 3
Death Investigation	

Victim's Name (or if Business, list Incorporated Name)	Responsible Party
[redacted]	

Victim's Address (Street, City, State, Zip)	Home Phone / Business Phone
[redacted]	

Victim's Sex	Race	DOB	Age	SSN	Describe Injury	Place of Treatment
F	W		33		Multiple Traumatic/Enternal [redacted]	[redacted] Morgue

Month of Occurrence	Day	Year	Time AM/PM	Month Reported	Day	Year	Time AM/PM	IDACS / NCIC	Rural / Urban
[redacted]	[redacted]	1990	[redacted] AM/PM	[redacted]	[redacted]	90	[redacted] AM/PM		

Received by	Reported by (Name)	
PE [redacted]	[redacted]	[redacted]

Home Phone / Business Phone	Exact Location of Offense
[redacted]	[redacted] N [redacted] 68 ft. [redacted]

Was there a witness to the crime? ☐ No

If marked YES, a supplemental page listing witnesses must be included.

Suspect? ☐ Named ☐ Known ☐ Known Location ☐ Identified ☐ Previously Seen ☐ Description ☐ No

If marked YES, supplemental page required, giving information and explanation as to why person is listed.

Vehicle Identified? ☐ Suspect ☐ Stolen ☐ Recovered ☐ Other ☐ No

Veh. Make	Color	Yr	Model	Body Style	Lic. Yr	Lic. St	[redacted]	Where Held	VIN
Ford	Gry	90	Taurus	wgn	90	In		Northwest	

☐ Significant M.O. or ☐ Limited Opportunity to Commit the Crime? ☐ No

Describe Significant M.O. and/or Limited Opp. Use Block Space in Narrative, if necessary. | Motive

Was Item? ☐ Traceable Property ☐ Significant Physical Evidence? ☐ No

Scene Processing	PE# Process Officer	Forced Entry
☐ Photo ☐ Fingerprint ☐ Other		Yes___ No___ Describe force

PROPERTY STOLEN: ID # Value

NARRATIVE: On [redacted]-90 at approximately [redacted] AM the above vehicle was involved in an auto on [redacted] N [redacted] just east of [redacted] W. The victim was a passenger in the above vehicle. The victim was pronounced dead at the scene by Coroner [redacted]

See attached supplements and accident report.

Victim's signature

Initial Officer Status	Recommend to Continue	Initial Officer's Name, PE, Date
☐ Active ☐ Suspended ☐ Unfounded ☒ Cleared	☐ Field ☐ Investigation	[redacted]
Field Supervisor Status	**Recommend to Continue**	**Field Supervisor's Name, PE, Date**
☐ Agree ☐ Disagree	☐ Field ☐ Investigation ☐ Suspend	
Investigative Coordinator	**Investigative Coordinator Initial, PE, Date, Status**	**Assigned Investigator Initial, PE, Date**
☐ Field ☐ Status Investigation		

SUPPLEMENTAL CASE REPORT [redacted]

Page	of	Case No.
2		[redacted]

Offense	Supervisory Correction No. 2 or 3
Death Investigation	
Victim Name (or if Business list Incorporated Name)	**Responsible Party**
[redacted]	

BLOCK SPACE

On [redacted]-90 at approximately [redacted] AM I was notified of an auto accident on CR [redacted] East of CR [redacted] W. I arrived at the scene at [redacted] AM. Upon arrival the scene was assessed, points of particular attention relative to accident reconstruction were noted. Tire prints from the vehicle were found in the grass off the north edge of the roadway. Tire marks were found coming bak onto the roadway. These tire marks were curved and had striations, indicating that the vehicle sidesliped. These marks left the southside of the roadway and continued accross a grassy area to a large clump of brush, small tres, and a large tree stump. The vehicle was sitting on it's top in a brushy area. The victim was still in the vehicle. The scene was then measured by members of the accident reconstruction team. Officer [redacted] was assigned to supervise measurements and complete a scale diagram of the scene. Officer [redacted] took photographs of the scene and was assigned to complete the Ind. standard accident report. Officer [redacted] was assigned the task of obtaining a statement from the driver and a legal blood alcohol test from the same.

As a result of evidence collected at the scene it was determined that the vehicle was travelling west on Cr [redacted] east of CR [redacted] The vehicle left the northside of the road. The driver steered left to bring the vehicle back onto the road, over-correcting. the vehicle began to sideslip rotating counter-clockwise. the vehicle left the the south-side of the road silding thru a grassy area and struck a large tree stump that was sur-rounded by small trees and brush. The vehicle the overturned coming to rest on it's top.

A speed estimate of 44.5 MPH was made by using the critical speed formula. Results of a medical legal examination determined that the victim died from exansuation due to multiple internal injuries that occurred as a direct result of the auto accident.

The driver of the vehicle stated that he was forced off the road by an oncoming mar vehicle, possibly a Chev wagon, that was left of center as it crested the hill east of the accident scene.

Total Value Recovered (Stolen)

Initial Officer's Status	Recommend to Continue	Initial Officer's Name, PE, Date
☐ Active ☐ Suspended ☐ Unfounded ☒ Cleared	☐ Field ☐ Investigative	[redacted] 90
Assigned Investigator Status	**Final Status (Investigative Coordinator)**	
☐ Active ☐ Suspended ☐ Unfounded ☐ Cleared		

[redacted]

SUPPLEMENTAL CASE REPORT

[redacted]

Page | of | Case No. [redacted]

Offense: FATAL ACCIDENT INJURY.

Supervisory Correction No. 2 or 3:

Victim [redacted]

Responsible Party:

BLOCK SPACE

N. ON THIS DATE, THIS OFFICER WAS SENT TO [redacted] HOSPITAL EMERGENCY ROOM REF TO [redacted] ON [redacted] N & [redacted] W [redacted] EMTS BROUGHT IN [redacted] HE WAS THE DRIVER, OF A 1990 TAHOE WAGON.

N. BLOOD SAMPLES WERE TAKEN FOR ALCOHOL & DRUGS.

N. [redacted] STATED THAT HE WAS WB ON [redacted] N W. OF [redacted] N. AS HE TOPPED A HILL, HE [redacted] SAID A MAROON CHEVY WAS IN HIS LANE OF TRAVEL. [redacted] STATED IF HE STAYED IN THE WB LANE, HE WOULD HAVE HIT THE MAROON VEHICLE. HE STEERED RIGHT TO AVOID A COLLISION, LEAVING THE ROADWAY TO THE RIGHT. AFTER THE MAROON VEHICLE GOT BY, [redacted] STEERED BACK TO LEFT. [redacted] SAID THE VEHICLE WENT BACK ACROSS THE ROAD, AND HITS WHEN THE ACCIDENT HAPPENED.

N. [redacted] STATED THAT AFTER THE ACCIDENT, A MAN & HIS SON HELPED HIM OUT OF THE VEHICLE.

Total Value Recovered (Stolen):

Initial Officer's Status: ☐ Active ☐ Suspended ☐ Unfounded ☒ Cleared

Recommend to Continue: ☐ Field ☐ Investigative

Initial [redacted] 90

Assigned Investigator Status: ☐ Active ☐ Suspended ☐ Unfounded ☐ Cleared

Final Status (Investigative Coordinator):

VOLUNTARY STATEMENT

DATE [redacted], 1990 PLACE SCENE [redacted] TIME STARTED 11:15 A.M.

I, the undersigned, [redacted], am 26 years of age, my date and place of birth being the [redacted] day of [redacted] 19[redacted] at [redacted].

I now live at [redacted].

Before answering any questions or making any statements, [redacted].

a person who identified himself as a [redacted] POLICE OFFICER, duly warned and advised me, and I know and understand that I have the following rights: That I have the right to remain silent and I do not have to answer any questions or make any statements at all; that any statement I make can and will be used against me in a court or courts of law for the offense or offenses concerning which the following statement is hereinafter made; that I have the right to consult with a lawyer of my own choice before or at anytime during any questioning or statements I make; that if I cannot afford to hire a lawyer, I may request and have a lawyer appointed for me by the proper authority, before or at anytime during any questioning or statements that I make, without cost or expense to me; that I can stop answering any questions or making any statements at any time that I choose, and call for the presence of a lawyer to advise me before continuing any more questioning or making any more statements, whether or not I have already answered some questions or made some statements.

I do not want to talk to a lawyer, and I hereby knowingly and purposely waive my right to remain silent, and my right to have a lawyer present while I make the following statement to the aforesaid person, knowing that I have the right and privilege to terminate any interview at any time hereafter and have a lawyer present with me before answering any more questions or making any more statements, if I choose to do so.

I declare that the following voluntary statement is made of my own free will without promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

I APPROACED THE ACCIDENT FROM THE EAST. (TRAVELING WEST) AS WE CAME OVER THE HILL A CAR WAS TRAVELING IN CENTER OF ROAD AND RETURNED TO ITS LANE. BOTH PASSENGERS WERE STILL IN VEHICLE WHEN I LOOKED INSIDE. 4 MEN WERE ATTEMPTING TO REMOVE PASSENGERS FROM THE VEHICLE. I WAS TALKING TO HIM WHILE WE WERE CLEANING HIM UP AFTER HE HAD BEEN REMOVED FROM THE VEHICLE. HE ASKED ME, "DID THE CAR STOP THAT RAN ME OFF THE ROAD." I SAID TO HIM "I THOUGHT IT WAS A DOG." HE REPLIED "NO, IT WAS A MAROON CHEVELLE WAGON, THAT WAS IN THE MIDDLE OF THE ROAD." I INQUIRED IF HIS WIFE WAS WITH HIM AND HE SAID NO IT WAS A FRIEND. PARAMEDICS SHOWED UP. I COULD NOT TELL IF THEY WERE WEARING SEAT BELTS. HE POSSIBLY WAS.

I have read each page of this statement consisting of 1 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement.

This statement was completed at [redacted] A.M. on the [redacted] day of [redacted], 19 90.

WITNESS: [redacted]

WITNESS: [redacted]

[redacted]

Signature of person giving voluntary statement

SUPPLEMENTAL CASE REPORT

[redacted]

Page	of	Case No.
		[redacted]

Offense: FATAL ACCIDENT INVESTIGATION

Supervisory Correction No. 2 or 3:

Victim Name (or if Business list Incorporated Name): [redacted] - DRIVER [redacted] PASSENGER

Responsible Party:

BLOCK SPACE

ARRIVED AT [redacted] NORTH & [redacted] WEST AT 10:49 A.M. SEVERAL [redacted] VOLUNTEERS WERE AT THE SCENE AND THEY WERE PRYING DOORS OPEN ATTEMPTING TO GET SUBJECTS OUT. THE MALE WAS GOTTEN OUT AS I WALKED UP TO THE CAR. HE WAS PLACED ON A BACKBOARD AND PLACED IN THE NORTH SIDE OF [redacted] NORTH. AN OBSERVER (SON OF VOLUNTEER) STATED THAT [redacted] TOLD HIM THAT A MAROON CHEVELLE WAGON WAS LEFT OF CENTER AND HE SWERVED TO MISS IT. ANOTHER LADY CAME UP TO ME AND SAID SHE THOUGHT HE SWERVED TO MISS A DOG. [redacted] (SEE STATEMENT) COMMENTED TO HIM AFTER [redacted] HE WAS REMOVED FROM VEHICLE ABOUT DOG AND HE MENTIONED THE MAROON CHEVELLE WAGON TO HER. ATTEMPTS WERE CONTINUING TO EXTRACT FEMALE. ALSO [redacted] VOLUNTEER FIRE CHIEF TOLD ME WHEN I ARRIVED THAT SHE WAS BREATHING BUT IN BAD SHAPE. SEVERAL MINUTES LATER HE TOLD ME TO GET THE CORONER. I TOOK A VOLUNTARY STATEMENT FROM [redacted] AT THE REQUEST OF [redacted] HER HUSBAND REQUESTED IT AND AGREED WITH IT. ALSO AT SCENE [redacted] 2 STATE POLICE UNITS AND ACCIDENT RECONST. TEAM

SEE ATTACHED SHEET FOR NAMES OF PEOPLE I TALKED WITH AT SCENE.

Total Value Recovered (Stolen):

Initial Officer's Status: ☑ Active ☐ Suspended ☐ Unfounded ☐ Cleared

Recommend to Continue: ☐ Field ☐ Investigative

Initial Officer's Name, ID, Date: [redacted] 90

Assigned Investigator Status: ☐ Active ☐ Suspended ☐ Unfounded ☐ Cleared

Final Status (Investigative Coordinator):

* Serious Or Fatal Accident Measurements *

RP1 = 8' N. of Pole # [redacted] on South edge

* Reference Point Is : RP2 = 24' E. of RP1

Reference Point To Objects Below :	NORTH	SOUTH	EAST	WEST
Veh # 1 → INVERTED				
R FRONT		24 4	58 6	
R REAR		17 6	57 9	
L REAR		18 3	50 8	
Tree TRUNK STRUCK by V# 1				
at when struck		20 11	68 3	
at REST under V# 1		20 11	57 0	
center of outside end		21 3	61 0	
Skids - IN grass Sec'ns of Road				
L FRONT		24 0	76 0	
R FRONT		22 6	76 9	
L REAR		15 1	76 9	
R REAR		13 10	76 9	
L FRONT		19 10	90 9	
R FRONT		17 7	90 9	
L REAR		11 1	90 9	
R REAR		9 3	90 9	
L FRONT			153 0	
R FRONT			145 0	
L REAR			130 0	
R REAR			119 0	
Skids enter N side of Road	19 6		211 9	
	19 6		234 0	

LOCATION : CR [redacted] N E of CR [redacted] W

DATE : [redacted] /990 DAY : [redacted] TIME : [redacted] AM PM

Investigating Officers : _____

Traffic Engineer Assisting : _____

* Serious Or Fatal Accident Measurements *

* Reference Point Is : RP1 = Pt on South edge of Roadway of CR [redacted] W 24' North of Pole # [redacted] RP2 = Pt on South edge of CR [redacted] W 24' East of RP1

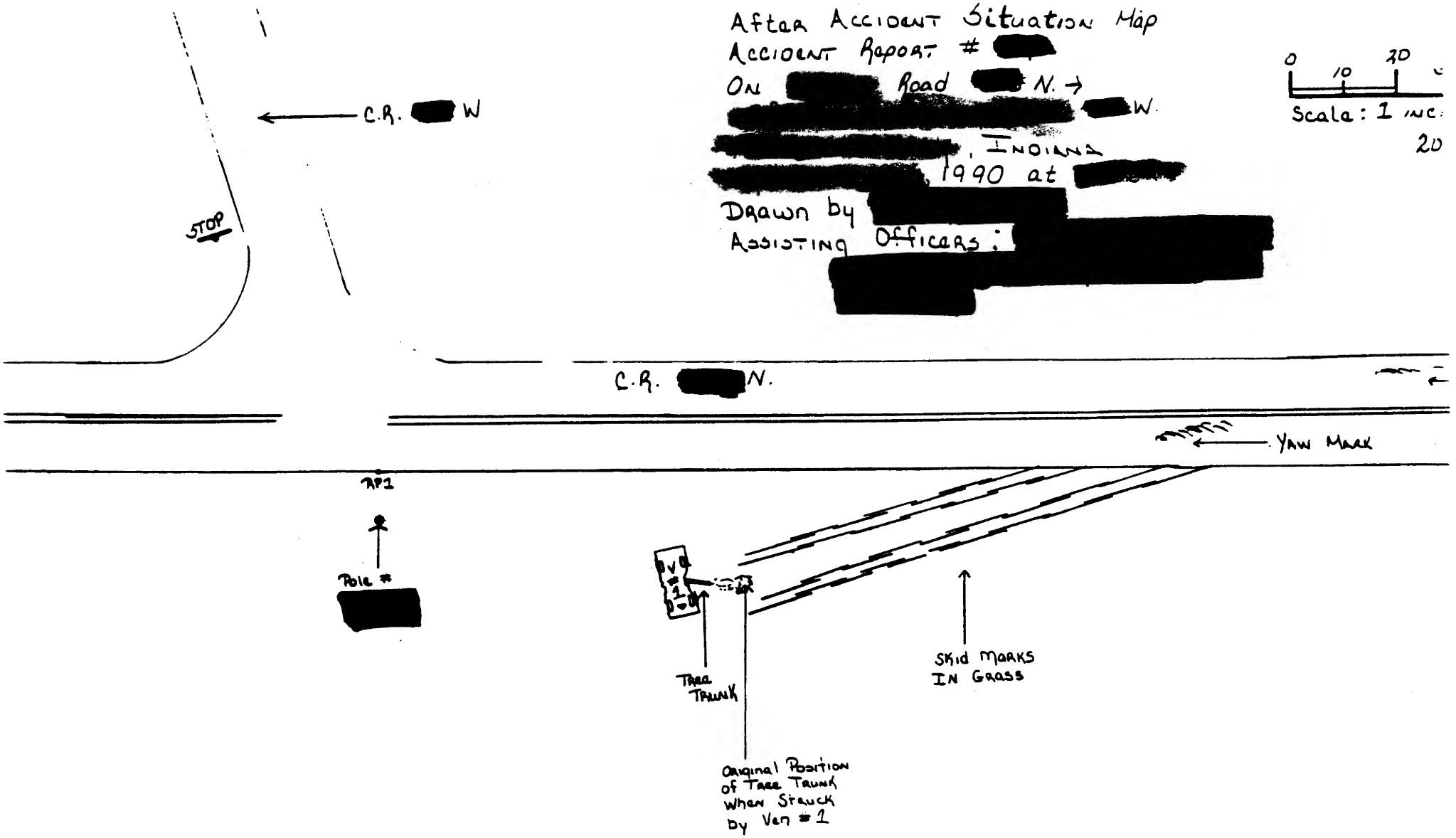
Reference Point To Objects Below :	NORTH	SOUTH	EAST	WEST
Roadwidths				
CR [redacted] N → 19'				
CR [redacted] W → 15'				
NW Corner CR [redacted] W				
30 35 30 Chord = 20'				
M.O = 2'				
Radius = 21.25				
NE. Corner CR [redacted] W				
Chord = 20'				
M.O = 1'				
Radius = 34.08				
Grade = Rise 4"				
Run = 100'				
% = 4.96%				
Pole from RP2	29'		24'	
Yaw Mark 40' = Chord				
0' = M.O				
= Radius				

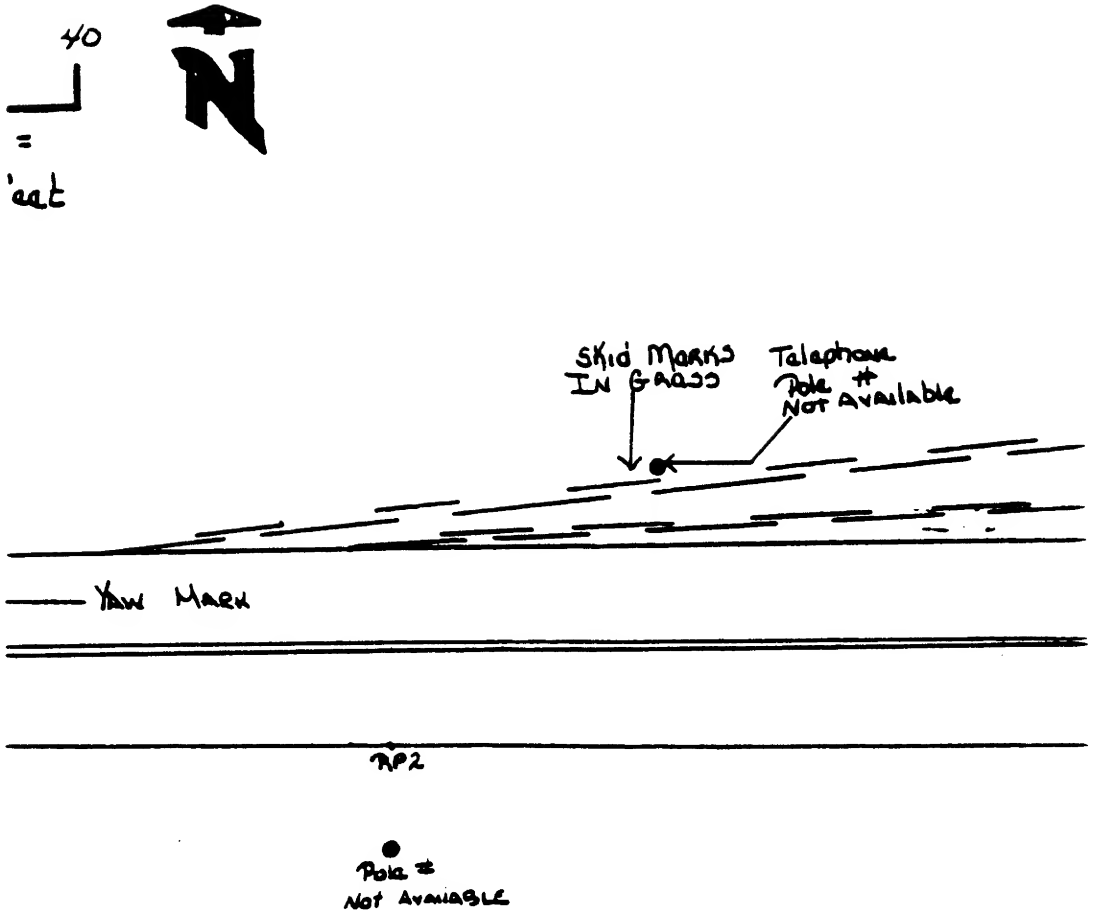
LOCATION : CR [redacted] N. E of CR [redacted] W

DATE : [redacted] 1990 DAY : [redacted] TIME : [redacted] AM PM

Investigating Officers : [redacted]

Traffic Engineer Assisting [redacted]





% Grade of Roadway
= 4.97%

Appendix B:

NASS Accident Form

ACCIDENT FORM

U.S Department of Transportation
National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 1 0
2. Case Number – Stratum: 9 0 0 3

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 0 1
4. Date of Accident (Month, Day, Year): [redacted] / 9 0
5. Time of Accident: [redacted]

Code reported military time of accident.

NOTE: Midnight – 2400
Unknown – 9999

SPECIAL STUDIES INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS12 Not Active: 0
7. ✓SS13 AOPS: 1
8. ___SS14 _____: 0
9. ___SS15 _____: 0
10. ___SS16 _____: 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident: 0 3

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. 0 1	13. 0 1	14. 0 3	15. R	16. 4 2	17. 0 0	18. 0
19. 0 2	20. 0 1	21. 0 3	22. F	23. 4 1	24. 0 0	25. 0
26. 0 3	27. C 1	28. ^ 3	29. I	30. 3 1	31. 0 0	32. N
33. 0 4	34. ___ ___	35. ___ ___	36. ___	37. ___ ___	38. ___ ___	39. ___
40. 0 5	41. ___ ___	42. ___ ___	43. ___	44. ___ ___	45. ___ ___	46. ___

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENTS SUPPLEMENT

Appendix C:

NASS Vehicle Forms

Department of Transportation
National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 10
2. Case Number – Stratum: 7003
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year: 90
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): 12
   Ford
   Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): 017
   Taurus (Wagon) GL
   Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual.
   (999) Unknown

7. Body Type: 06
   Note: Applicable codes are found on the back of this page.

8. Vehicle Identification Number
   1FACP5745LG[redacted]
   Left justify; Slash zeros and letter Z (0 and Z)
   No VIN – Code all zeros
   Unknown – Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition: 1
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown

10. Police Reported Travel Speed: 99
    Code to the nearest mph (NOTE: 00 means less than 0.5 mph)
    (97) 96.5 mph and above
    (99) Unknown

11. Police Reported Alcohol or Drug Presence: 0
    (0) Neither alcohol nor drugs present
    (1) Yes (alcohol present)
    (2) Yes (drugs present)
    (3) Yes (alcohol and drugs present)
    (4) Yes (alcohol or drugs present – specifics unknown)
    (7) Not reported
    (8) No driver present
    (9) Unknown

12. Alcohol Test Result for Driver: 97
    Code actual value (decimal implied before first digit – 0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source _____

ACCIDENT RELATED

13. Speed Limit: 55
    (00) No statutory limit
    Code posted or statutory speed limit
    (99) Unknown

14. Attempted Avoidance Maneuver: 09
    (00) No impact
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify): _____
    (99) Unknown

15. Accident Type: 07
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify): _____
    (99) Unknown

****** STOP HERE IF GV07 DOES NOT EQUAL 01-49 ******

OCCUPANT RELATED

16. Driver Presence in Vehicle: 1
(0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle: 02
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted: 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 03,200
3244 Code weight to nearest 100 pounds.
(010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown
Source: [redacted]

20. Vehicle Cargo Weight: 0,000
____ Code weight to nearest 100 pounds.
(00) Less than 50 pounds
(97) 9,650 lbs or more
(99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
(0) No towed unit
(1) Yes – towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 1
(0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (for Highest Delta V): 5
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted ≤ 45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify): _____
(9) Unknown

24. Rollover: 2
(0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
(1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify): _____

(5) Rollover – end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this vehicle): 0

26. Rear Override/Underride (this vehicle): 0

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify): _____

Underride (see specific CDC)
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify): _____

(7) Medium/heavy truck override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle for This Vehicle: 998

28. Heading Angle for Other Vehicle: 998

29. Basis for Total Delta V (Highest) 5

Delta V Calculated
(1) CRASH program – damage only routine
(2) CRASH program – damage and trajectory routine
(3) Missing vehicle algorithm

Delta V Not Calculated
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.

(6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

	Secondary	Highest
30. Total Delta V		99
____ Nearest mph	____	

(NOTE: 00 means less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

	Secondary	Highest
31. Longitudinal Component of Delta V		± 99
____ Nearest mph	____	

(NOTE: _00 means greater than −0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(_ 99) Unknown

	Secondary	Highest
32. Lateral Component of Delta V		± 99
____ Nearest mph	____	

(NOTE: _00 means greater than −0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(_ 99) Unknown

33. Energy Absorption 999,900

____ Nearest 100 foot-lbs ____

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V) 0
(0) No reconstruction
(1) Collision fits model – results appear reasonable
(2) Collision fits model – results appear high
(3) Collision fits model – results appear low
(4) Borderline reconstruction – results appear reasonable

35. Type of Vehicle Inspection 1
(0) No Inspection
(1) Complete inspection
(2) Partial inspection (specify):

_____

36. Is this an AOPS Vehicle? 1
(0) No
(1) Yes – Driver side Airbag

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), *** DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

US Department of Transportation
National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 1 C
2. Case Number – Stratum: 9 0 0 3
3. Vehicle Number: 0 1

VEHICLE IDENTIFICATION

VIN: 1 F H C P 5 7 4 5 L G [redacted] Model Year: 1990

Vehicle Make (specify): FORD

Vehicle Model (specify): TAURUS WAGON

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
1	Began 36" forward RR axle	Began 22" forward RR axle	C3
2	Entire frontal	Entire frontal	C1

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of C-Measurements	Direct Damage: Width (CDC)	Direct Damage: Max Crush	Field L	C1	C2	C3	C4	C5	C6	±D
1	Mid door	14.0	C3	42.0	2.5	16.0	34.0	28.5	15.0	7.25	+2.0
2	* Front bumper	60.0	C1	60.0	12.5	6.5	7.0	6.5	7.0	10.0	0.0
	Bumper taper				3.0	2.5	1.0	1.0	2.5	5.0	
	Stand adjustment				5.5	5.5	5.5	5.5	5.5	5.5	
	Actual Crush				2.0	.5	.5	0.0	0.0	0.0	0
3	Top ** scratches no crush taken										
	* Struck for frontal damage set @ 62" forward of L and R "tubs"										
	front fenders where rear of hood meet windshield										
	Exemption = 56.5"										

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

	a. Rotation physically restricted	b. Tire deflated
RF	2	1
LF	1	2
RR	2	2
LR	2	2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	106.0
Overall Length	191.5
Maximum Width	70.8
Curb Weight	3244
Average Track	619/59.9
Front Overhang	40.0
Rear Overhang	46.9
Engine Size: cyl./ displ.	V6/3.8L
Undeformed End Width	60.0

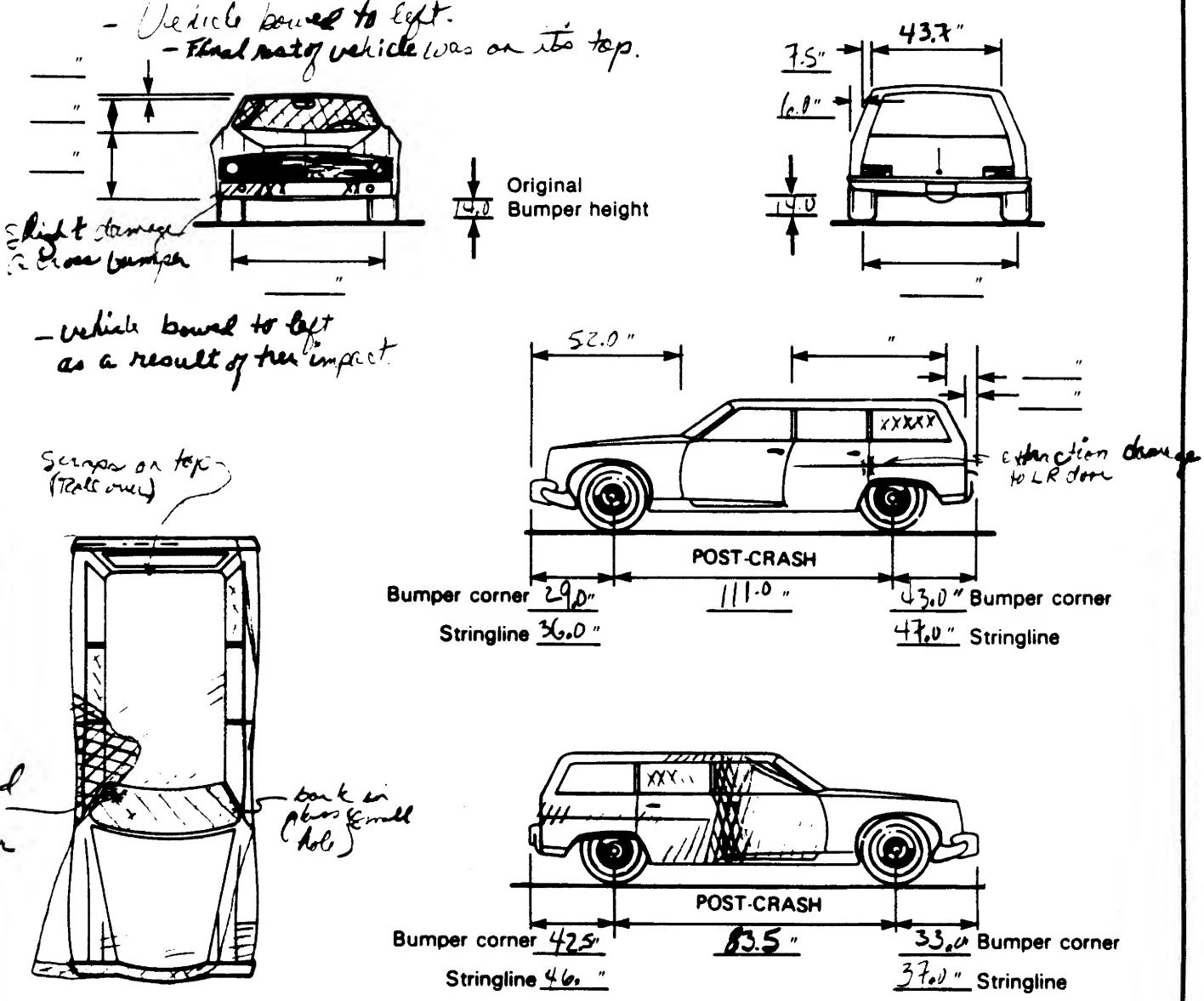
WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF ± ___ °
LF ± 10 °
RR ± ___ °
LR ± ___ °
Within ±5 degrees

DRIVE WHEELS

☐ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight ϕ



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

01-30 – Vehicle Number

Noncollision
- (31) Overturn – rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision – details unknown

Collision with Fixed Object
- (41) Tree (≤4 inches in diameter)
- (42) Tree (>4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤4 inches in diameter)
- (51) Pole or post (>4 but ≤12 inches in diameter)
- (52) Pole or post (>12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or Culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision With Nonfixed Object
- (71) Motor vehicle not in transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance (specify): _____
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object

- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	42	+45	60	R	P	A	W	05
02	41	+80	—	F	D	L	S	01
03	31	000	—	T	D	D	0	01

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 01	5. 42	6. 61	7. R	8. P	9. A	10. W	11. 05

Second Highest Delta "V"

12. 02	13. 41	14. 09	15. F	16. D	17. L	18. S	19. 01

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. + − D
042	03	16	34	29	15	07	(+) − 002

Second Highest Delta "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. + − D
060	02	01	01	00	00	00	(+) − 000

26. Are CDCs Documented but Not Coded on The Automated File: 1
(0) No
(1) Yes

27. **Researcher's Assessment of Vehicle Disposition**: 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase: 106.0
_____Code to the nearest tenth of an inch
(9999) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

U.S. Department of Transportation
National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 10
2. Case Number – Stratum: 9 0 0 3
3. Vehicle Number: 01

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (rear)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify): _____

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 3 6. RF 3 7. LR 3 8. RR 3 9. TG/H 1

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify): _____

(9) Unknown

Damage/Failure Associated with [illegible] or Hatch Opening in Collision. If [illegible] Code 0.

10. LF 0 11. RF 0 12. [illegible] 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify): _____

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 6 18. LR 0 19. RR 6
20. BL 0 21. Roof 8 22. Other 6

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 1 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage ***And*** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 2 34. LR 0 35. RR 2
36. BL 0 37. Roof 0 38. Other 2

(0) No glazing contact and no damage, or no glazing
(1) AS-1 – Laminated
(2) AS-2 – Tempered
(3) AS-3 – Tempered-tinted
(4) AS-14 – Glass/Plastic
(8) Other (specify): _____

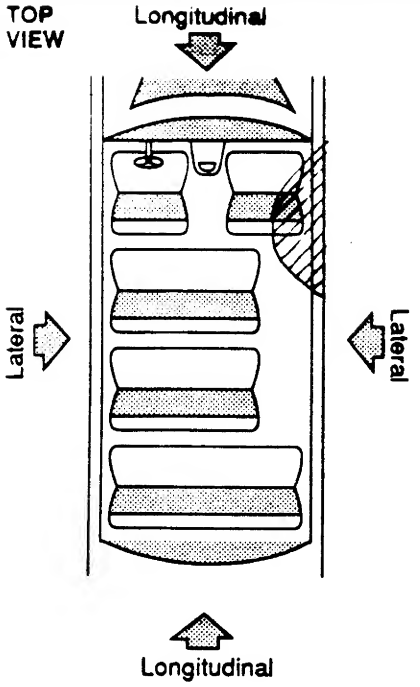
(9) Unknown

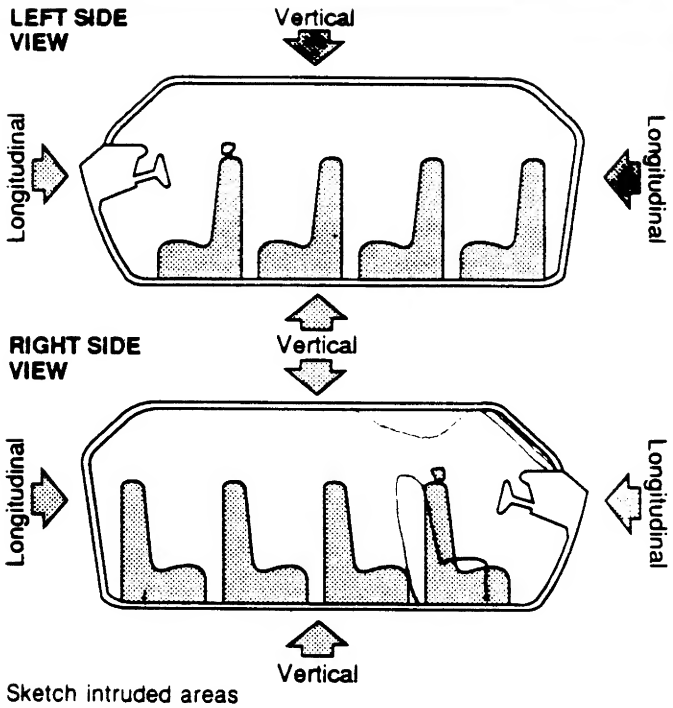
Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 9 42. LR 0 43. RR 9
44. BL 0 45. Roof 0 46. Other 1

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORK SHEET





Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	−	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	Door Panel	22.0	−	6.0	=	16.0	lat
13	Roof Side Rail	24.0	−	9.0	=	15.0	lat
13	A-pillar	24.0	−	12.0	=	12.0	lat.
23	B-pillar	25.0	−	11.0	=	14.0	lat.
13	Sill	22.0	−	8.0	=	14.0	lat.
23	Door panel	23.0	−	12.0	=	11.0	lat.
13	Windshield Header *	"Estimated value"			=	4.0	long.
23	Front seat back *	"Estimated value"			=	9.0	long.
13	Roof	45.5	−	41.5	=	4.0	vert.
12	Roof	45.5	−	41.0	=	4.5	vert.
13	Seat Cushion *	"Estimated value"			=	6.0	long
13	Instrument panel *	"Estimated value"			=	3.0	long.
13	Toe Pan *	"Estimated value"			=	3.0	long.
23	Roof side rail	24.0	−	16.5	=	7.5	lat.
13	Windshield *	"Estimated value"			=	9.0	long

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 1 3	48. 1 0	49. 4	50. 3
2nd	51. 1 3	52. 3	53. 4	54. 3
3rd	55. 2 3	56. 0 7	57. 4	58. 3
4th	59. 1 3	60. 2 6	61. 4	62. 3
5th	63. 2 3	64. 1 0	65. 3	66. 3
6th	67. 2 3	68. 1 3	69. 3	70. 3
7th	71. 1 3	72. 1 4	73. 3	74. 2
8th	75. 1 3	76. 1 5	77. 2	78. 2
9th	79. 1 3	80. 2 4	81. 2	82. 2
10th	83. 1 2	84. 1 2	85. 2	86. 1

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify): _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back panel or door surface
- (26) Other interior component (specify): Floor sill
- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

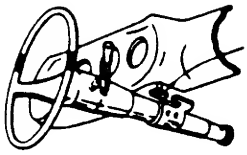
DOMINANT CRUSH DIRECTION

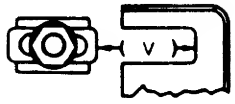
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement

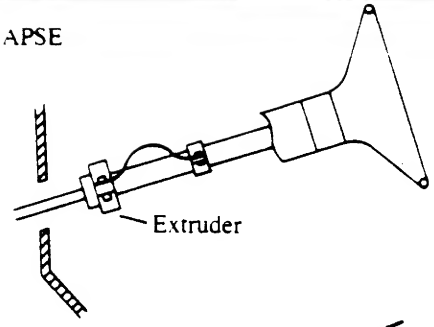




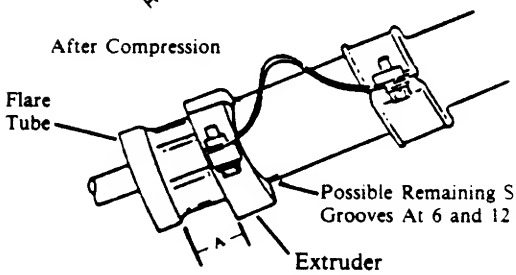
Left ___

Right ___ V = _____"

Direction and Magnitude of Steering Column Movement



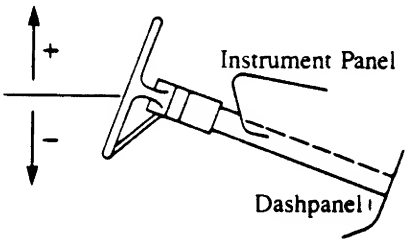
After Compression



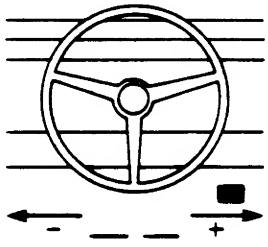
Compression = Measurement A A = _____

STEERING COLUMN MOVEMENT

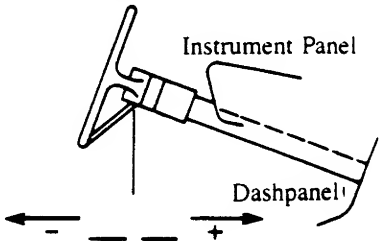
Vertical Movement



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE – DAMAGED VALUE = MOVEMENT
VERTICAL	* no apparent movement - unable to measure
LATERAL	intrusions / locked / jammed doors =
LONGITUDINAL	– =

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE – DAMAGED VALUE = DEFORMATION			
	–	=	
	–	=	

STEERING COLUMN

87. Steering Column Type 2
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify):

(9) Unknown

If PDOF ≠ 11, 12 or 1, Then Code IV88-IV91 As 96

88. Steering Column Collapse Due to Occupant Loading 96
_____ **Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).**
(00) No movement, compression, or collapse
(01-19) Actual measured value
(20) 20 inches or greater

Estimated movement from observation
(81) Less than 1 inch
(82) ≥ 1 inch but < 2 inches
(83) ≥ 2 inches but < 4 inches
(84) ≥ 4 inches but < 6 inches
(85) ≥ 6 inches but < 8 inches
(86) Greater than or equal to 8 inches
(96) Not assessed (PDOF ≠ 11, 12, 1)
(97) Apparent movement, value undetermined or cannot be measured or estimated
(98) Nonspecified type column
(99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement -96

90. Lateral Movement -96

91. Longitudinal Movement -96

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)
(00) No steering column movement
(±01 – ±49) Actual measured value
(±50) 50 inches or greater

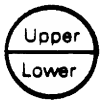
Estimated movement from observation
(±81) ≥ 1 inch but < 3 inches
(±82) ≥ 3 inches but < 6 inches
(±83) ≥ 6 inches but < 12 inches
(±84) ≥ 12 inches
(__96) Not assessed (PDOF ≠ 11, 12, 1)
(__97) Apparent movement > 1 inch but cannot be measured or estimated
(__99) Unknown

92. Steering Rim/Spoke Deformation 5
_____ **Code actual measured deformation to the nearest inch.**
(0) No steering rim deformation
(1-5) Actual measured value
(6) 6 inches or more
(8) Observed deformation cannot be measured
(9) Unknown

93. Location of Steering Rim/Spoke Deformation 00
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 022,000
22,281 **miles – Code mileage to the nearest 1,000 miles**
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown
Source: Inspection

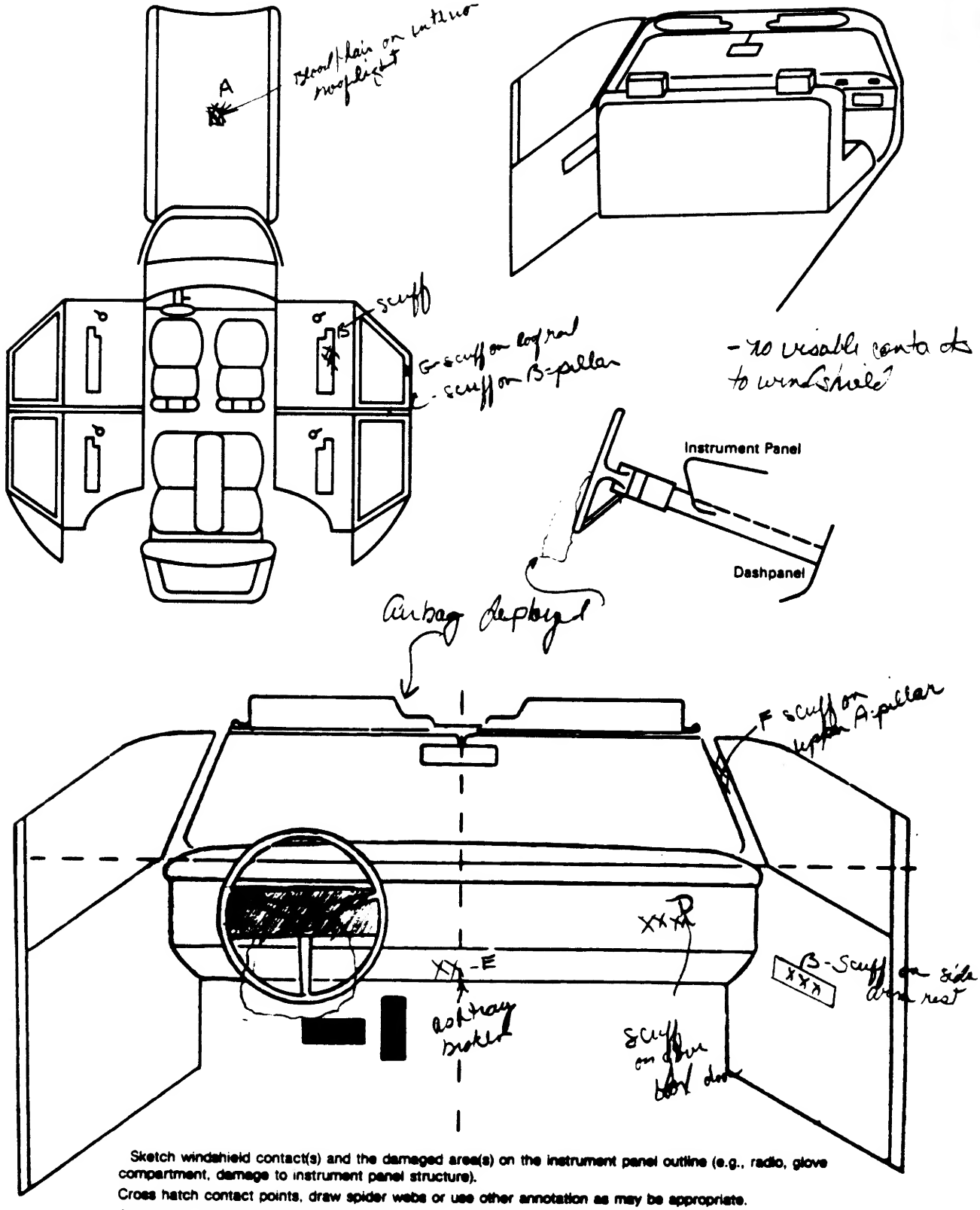
95. Instrument Panel Damage from Occupant Contact? 1
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	Roof -54	2	Head	Blood / missing light lens / hair	1
B	R-door-31	2	Chest/abdomen	Scuffs	1
C	B-pillar -33	2	Head	Scuff	1
D	R-instrument 11	2	Knee	Scuff on Dash glove box	1
E	C-instrument 42	1	Knee	Ashtray - broken	1
F	A-pillar -32	2	Head	Scuff	1
G	R-roof rail 53	2	Head	Scuff	1
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): ____

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): ____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): ____

RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): ____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): ____

INTERIOR
- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): ____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): ____
- (47) Interior loose objects

- (48) Child safety seat (specify): ____
- (49) Other interior object (specify): ____

ROOF
- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR
- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR
- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): ____

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Availability	1	0	0
	Function	4	0	0
	Failure	1	0	0

Automatic (Passive) Restraint System Availability

(0) Not equipped/not available
(1) Airbag
(2) Airbag disconnected (specify):

_____

(3) Airbag not reinstalled
(4) 2 point automatic belts
(5) 3 point automatic belts
(6) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Restraint Function

(0) Not equipped/not available

Automatic Belt
(1) Automatic belt in use
(2) Automatic belt not in use
(3) Automatic belt use unknown

Air Bag
(4) Airbag deployed during accident
(5) Airbag deployed inadvertently just prior to accident
(6) Deployed, accident sequence undetermined
(7) Nondeployed
(8) Unknown if deployed
(9) Unknown

Did Automatic (Passive) Restraint Fail

(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data **for each seat position** in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Use	04	0	00
	Failure Modes	1	0	0
SECOND	Availability	4	3	4
	Use	0	0	0
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

(0) Not available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available – type unknown
(8) Other belt (specify):

_____

(9) Unknown

Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):

_____

(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used – type unknown

_____

(08) Other belt used (specify):

_____

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat – type unknown
(18) Other belt used with child safety seat (specify):

_____

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used or not available
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

_____

(6) Broken retractor
(7) Combination of above (specify):

_____

(8) Other manual belt failure (specify):

_____

(9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	9 (removed)		3
	Seat Type	06		06
	Seat Performance	06		6
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral – no damage
(2) Integral – damaged during accident
(3) Adjustable – no damage
(4) Adjustable – damaged during accident
(5) Add-on – no damage
(6) Add-on – damaged during accident
(8) Other (specify): _____
(9) Unknown

Seat Type (This Occupant Position)

(00) No seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with **separate back cushions**
(05) Bench with **folding back(s)**
(06) Split bench with **separate back cushions**
(07) Split bench with **folding back(s)**
(08) Pedestal (i.e., **van type**)
(09) Other seat type (specify): _____
(99) Unknown

Seat Performance (This Occupant Position)

(0) No seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks failed
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify):
13 { – Seat back displaced rearward
– Seat cushion displaced to left
(7) Combination of above (specify):
(8) Other (specify):
(9) Unknown

11 - driver seat back (right) anchor pulled away from seat cushion.

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [✓] Yes [ ]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

Appendix D:

NASS Interview Form

U.S. Department of Transportation
National Highway Traffic Safety Administration

INTERVIEW FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 1 0

Case Number – Stratum 9 0 0 3

Vehicle Number 0 1

Interviewee(s) Role(s) or Name(s) Driver of case vehicle

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

Heading west on CR other vehicle came over the hill in the middle of the road. I swerved to the right in order to avoid a head on collision. I thought I was ok on the shoulder until I got to the top of the hill and the shoulder pattern cut causing me to start sliding across the road. I thought we were just going to hit some small bushes but we hit a small tree with several branches coming out of the ground. It uprooted the tree and rolled over onto our top. Nobody hurt, not entrapped. - Door jammed: pried open by [redacted]

SPECIFIC QUESTIONS

Est speed - 45-50 mph
- Wet from earlier but was overcast @ time of accident, road was dry
- Several small cut (glass) getting out of car, wrenched my R knee
- Treat + released from [redacted] Hospital
- Missed 2 wks from work - due to injury to knee and mental effects of accident

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

[ ] PRE-CRASH, AT IMPACT vehicle travel/driver intention	[✓] Speed estimates (precrash/at impact)	[✓] Previous vehicle damage - None
[✓] Direction of travel	[✓] Post-impact trajectory	[ ] Glazing type
[✓] Avoidance maneuvers	[✓] Door status (precrash/postcrash)	[ ] Vehicle glazing status
[✓] Impact description/orientation	[✓] Final rest position	[ ] PAR clarifications
		[ ] Glove box status

Cargo? No [✓] Yes [ ] Interviewee's Estimated Cargo Weight

Description of Cargo

Present Location of Vehicle (if not yet inspected)?:

HS Form 433D (1/90)

Information collected in this report is used to complete HS Forms 433A and 433B. These reports are authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

SEAT POSITION	11	13		
AGE/SEX	43/M	33/F		
HEIGHT (IN.)	71			
WEIGHT (LBS.)	205			
POSTURE	Normal	Normal		
EJECTED? [✓]No [ ]Yes	No	No		
DESCRIBE THE EJECTION	N/A	N/A		
ENTRAPPED? [✓]No [ ]Yes	No	No		
DESCRIBE ENTRAPMENT	N/A	N/A		
TYPE OF RESTRAINT AVAILABLE?	Lap/shoulder + airbag	Lap/shoulder		
HOW WERE THE BELTS WORN?	Properly worn	Not worn		
DESCRIBE ANY RESTRAINT FAILURE MODE	None	None		
TYPE OF TREATMENT	Treated + Released	Fatal		
DAYS IN HOSPITAL?	1	N/A		
NO. OF LOST WORK DAYS?	10	N/A		

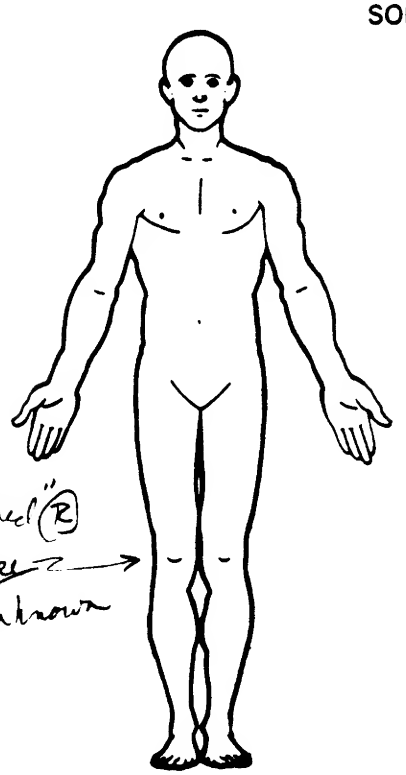
PSU Number ____ Case Number – Stratum 9 0 0 3 Vehicle Number 0 1 Occupant Number 0 1

INJURY DATA FROM INTERVIEWEE(S)

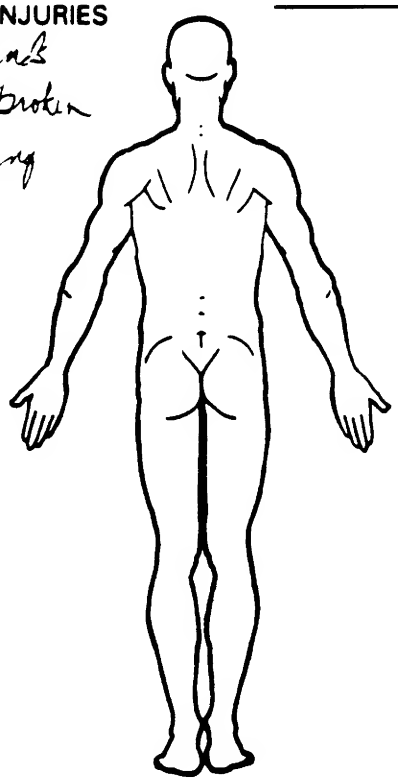
Indicate the *Location, Lesion, Detail,* and *Source* of all injuries. Specify interviewee(s): Driver

SOFT TISSUE/INTERNAL INJURIES

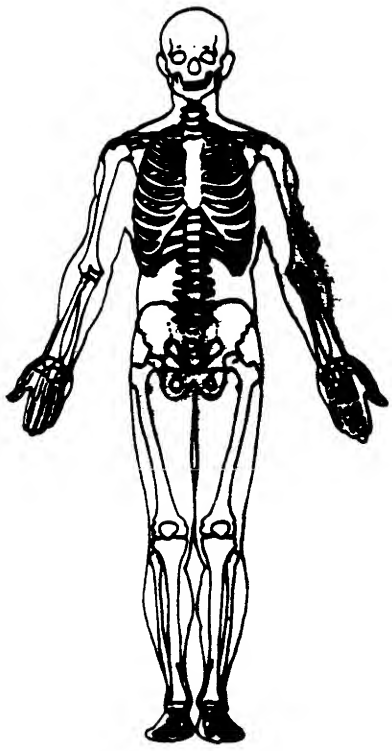
Several cuts to hands and face from broken glass. (Crawling out of car)

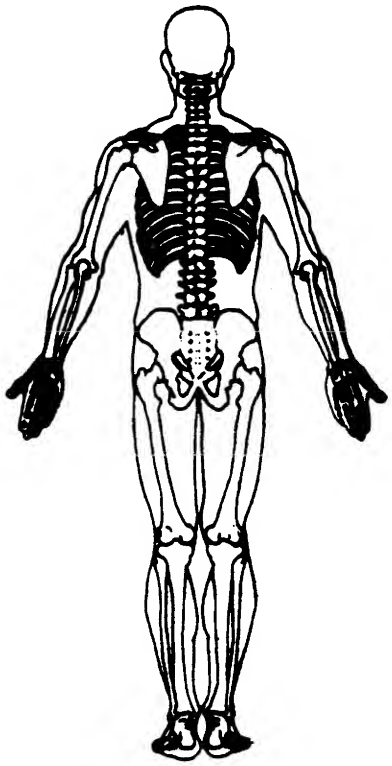


"wrenched" (R) knee → unknown



SKELETAL INJURIES





The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

Appendix E:

NASS Occupant Forms

U.S. Department of Transportation
National Highway Traffic Safety Administration

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number: 10
2. Case Number – Stratum: 9003
3. Vehicle Number: 01
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 43
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex: 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height: 71
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight: 205
Code actual weight to the nearest pound.
(999) Unknown

9. Occupant's Role: 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position: 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture: 1
(0) Normal posture
(1) Abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection: 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area: 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

14. Ejection Medium: 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

15. Medium Status (Immediately Prior to Impact): 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment: 0
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual [illegible] Availability
(0) Not available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available – type unknown
(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use 04
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):

(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used – type unknown
(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat – type unknown
(18) Other belt used with child safety seat (specify):
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) [illegible] Failure Modes During Accident 1
(0) No manual belt used or not available
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

[illegible] 1
(0) Not equipped/not available
(1) Airbag
(2) Airbag disconnected (specify):

(3) Airbag not reinstalled
(4) 2 point automatic belts
(5) 3 point automatic belts
(6) Automatic belts destroyed or rendered inoperative
(9) Unknown

22. Automatic (Passive) Restraint Function 4
(0) Not equipped/not available

Automatic Belt
(1) Automatic belt in use
(2) Automatic belt not in use
(3) Automatic belt use unknown

Air Bag
(4) Airbag deployed during accident
(5) Airbag deployed inadvertently just prior to accident
(6) Deployed, accident sequence undetermined
(7) Nondeployed
(8) Unknown if deployed
(9) Unknown

23. Did Automatic (Passive) Restraint Fail? 1
(0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

24. Police Reported Restraint Use 3
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): Airbag
(8) Restrained, type unknown
(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position * 9
(0) No head restraints
(1) Integral – no damage
(2) Integral – damaged during accident
(3) Adjustable – no damage
(4) Adjustable – damaged during accident
(5) Add-on – no damage
(6) Add-on – damaged during accident
(8) Other (specify):

(9) Unknown * removed prior to inspection

26. Seat Type (This Occupant Position) 06

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., van type)
(09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 6

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify):
Rt side frame seat back anchor is pulled away from the cushion
(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 2

(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed with Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2
(0) O – No injury
(1) C – Possible injury
(2) B – Nonincapacitating injury
(3) A – Incapacitating injury
(4) K – Killed
(5) U – Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment – Mortality 4
(0) No treatment
(1) Fatal
(2) Fatal – ruled disease

Nonfatal
(3) Hospitalized
(4) Transported and released
(5) Treatment at scene – nontransported
(6) Treatment later
(8) Treatment – other (specify):

_____

(9) Unknown

36. Type of Medical Facility (for Initial Treatment) 2
(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____

(9) Unknown

37. Hospital stay 0 0
____ Code number of days (up through 60) that the occupant stayed in the hospital
(00) Not hospitalized
(61) 61 days or more
(99) Unknown

38. Working Days Lost 1 0
____ Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

39. Time to Death 0 0
____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
(00) Not fatal
(96) Fatal – ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 0 0
41. 2nd Medically Reported Cause of Death 0 0
42. 3rd Medically Reported Cause of Death 0 0
____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(97) Other result (specify):

_____

(99) Unknown

43. Number of Recorded Injuries for This Occupant 0 1
__1__ Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE NO [ ] YES [✓]

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: 10
2. Case Number – Stratum: 9003
3. Vehicle Number: 01
4. Occupant Number: 01

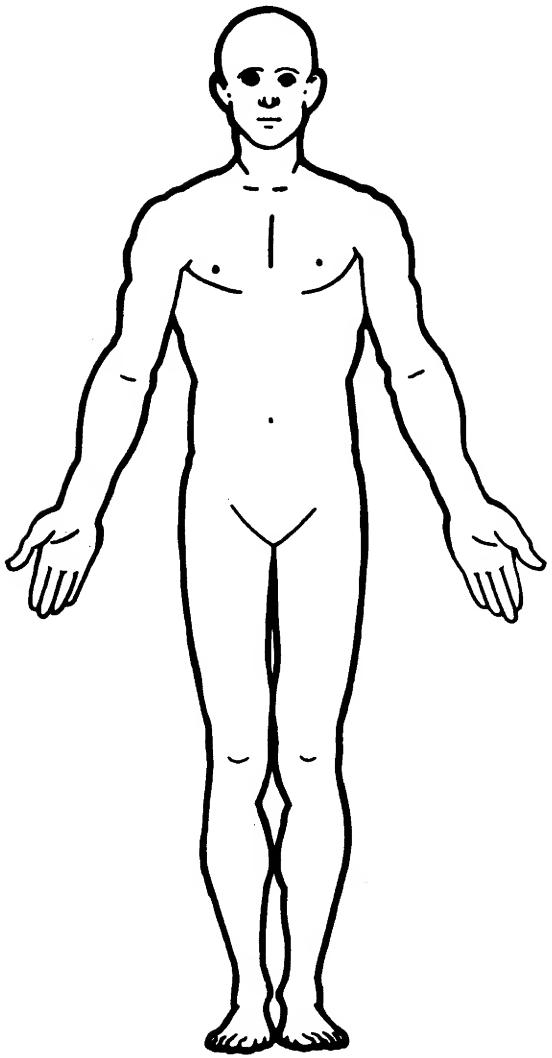
INJURY DATA

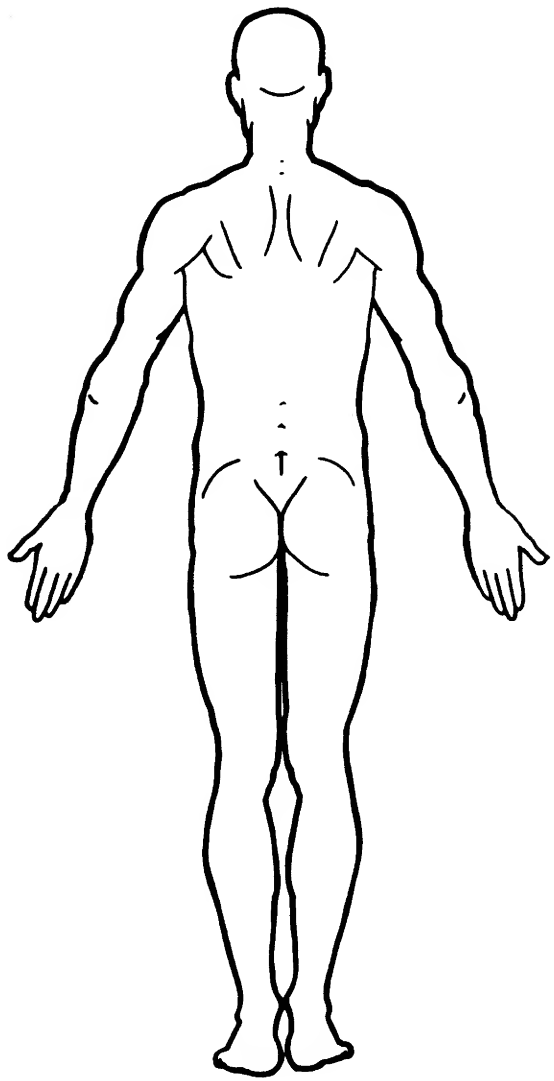
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 7	6. K	7. R	8. S	9. T	10. 1	11. 10	12. 3	13. 1	14. 00
2nd	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.
3rd	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
4th	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

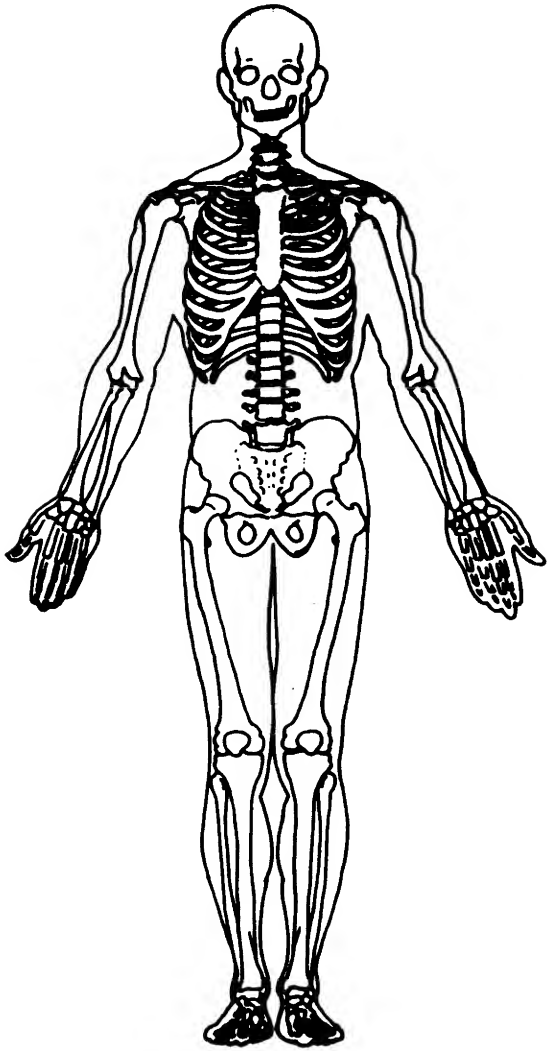
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

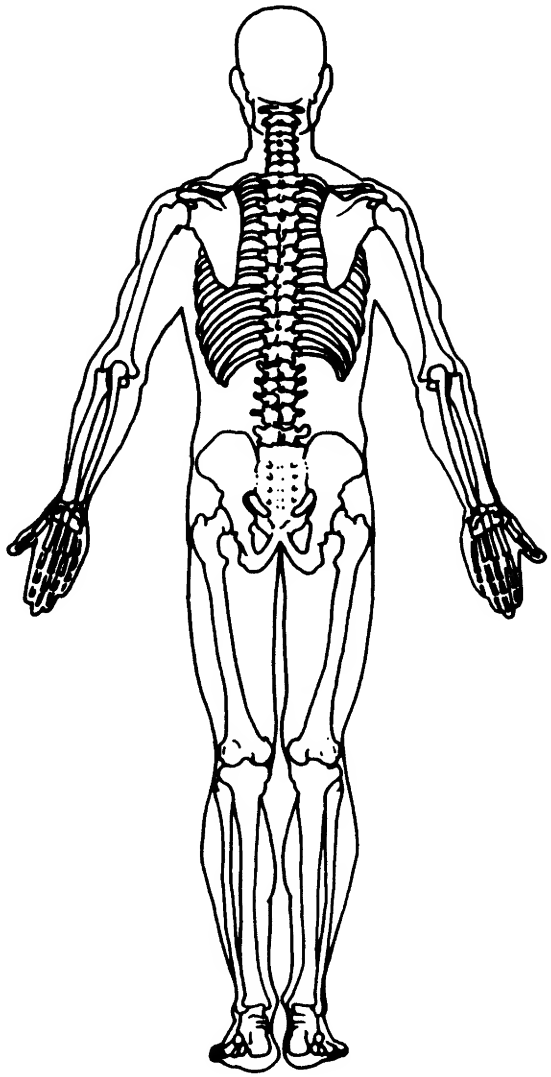




OFFICIAL INJURY DATA – SKELETAL INJURIES

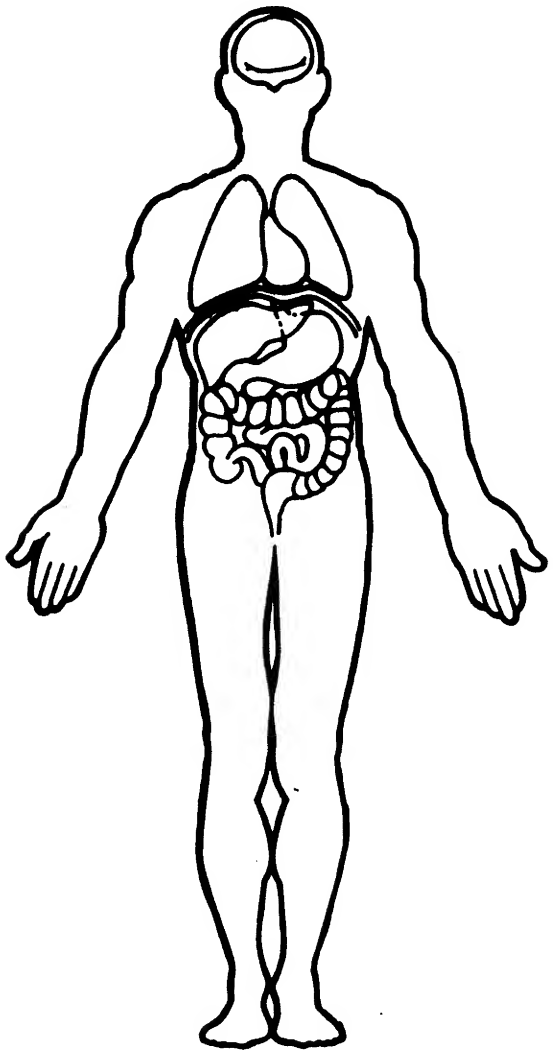
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

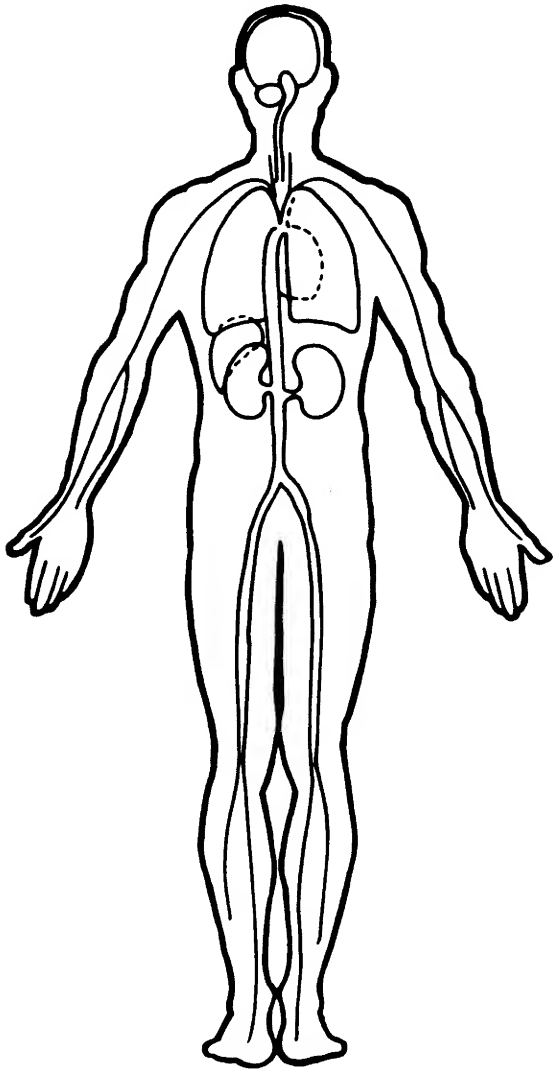




OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety Administration

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	10
2. Case Number – Stratum	9003
3. Vehicle Number	01
4. Occupant Number	01

Driver or Occupant Name: _____

Address: _____

_____

Other Information: _____

_____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C. – A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 7	6. K	7. R	8. S	9. J	10. 1	11. 10	12. 3	13. 1	14. 00
2nd	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.
3rd	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
4th	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	97	00
OA05. Occupant's Age	43	
OA06. Occupant's Sex	1	
OA07. Occupant's Height	71	
OA08. Occupant's Weight	205	
OA17. Manual (Active) Belt System Availability	4	
OA18. Manual (Active) Belt System Use	04	
OA21. Automatic (Passive) Restraint System Availability	1	
OA22. Automatic (Passive) Restraint Function	4	

	INITIAL SUBMISSION	FINAL
OA35. Treatment – Mortality	4	
OA36. Type of Medical Facility (for Initial Treatment)	2	
OA37. Hospital Stay	00	
OA38. Working Days Lost	10	
OA39. Time to Death	00	
OA40. 1st Medically Reported Cause of Death	00	
OA41. 2nd Medically Reported Cause of Death	00	
OA42. 3rd Medically Reported Cause of Death	00	
OA43. Number of Recorded Injuries for This Occupant	01	03

INJURY DATA

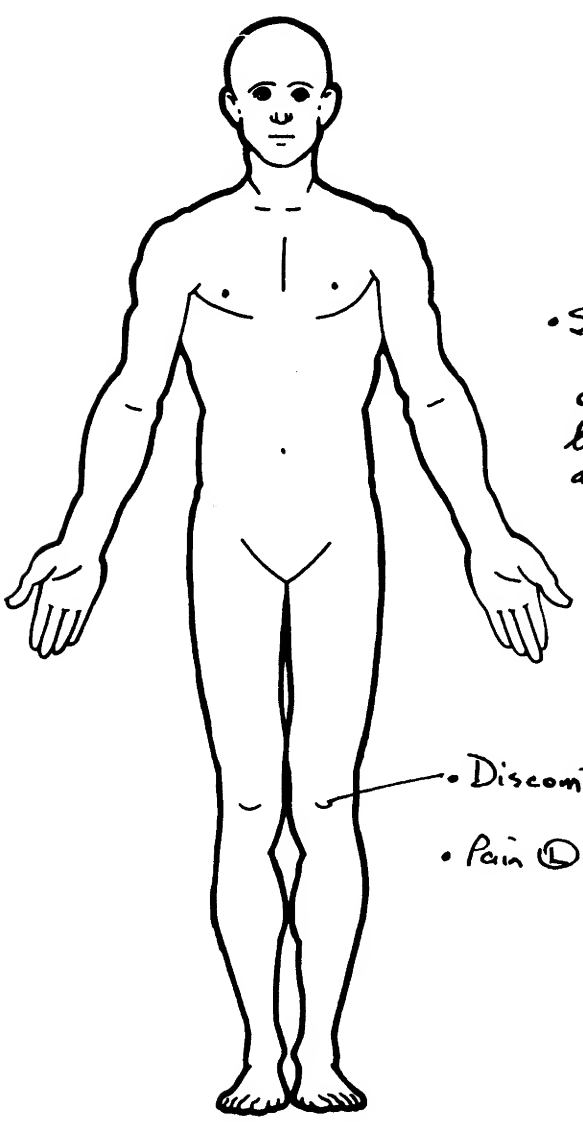
Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

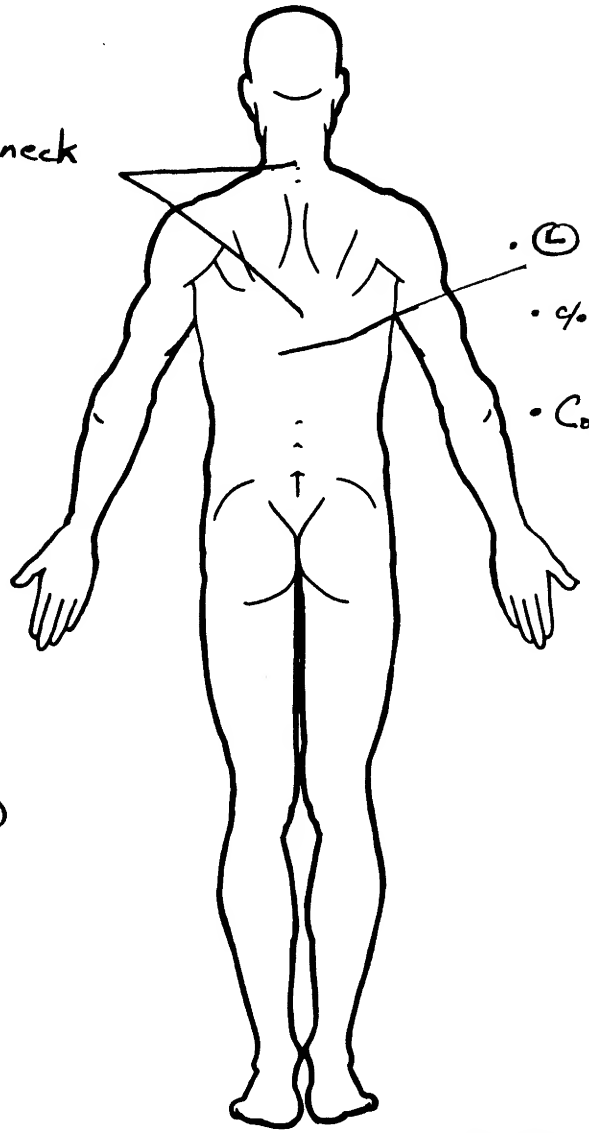
	Source of Injury Data	O.I.C.—A.I.S. Body Region	O.I.C.—A.I.S. Aspect	O.I.C.—A.I.S. Lesion	O.I.C.—A.I.S. System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 3	6. B	7. I	8. C	9. I	10. 1	11. 46	12. 3	13. 1	14. 00
2nd	15. 3	16. M	17. U	18. U	19. U	20. 1	21. 46	22. 3	23. 1	24. 00
3rd	25. 7	26. K	27. R	28. S	29. I	30. 1	31. 10	32. 3	33. 1	34. 00
4th	35.	36.	37.	28.	39.	40.	41.	42.	43.	44.
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.

If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





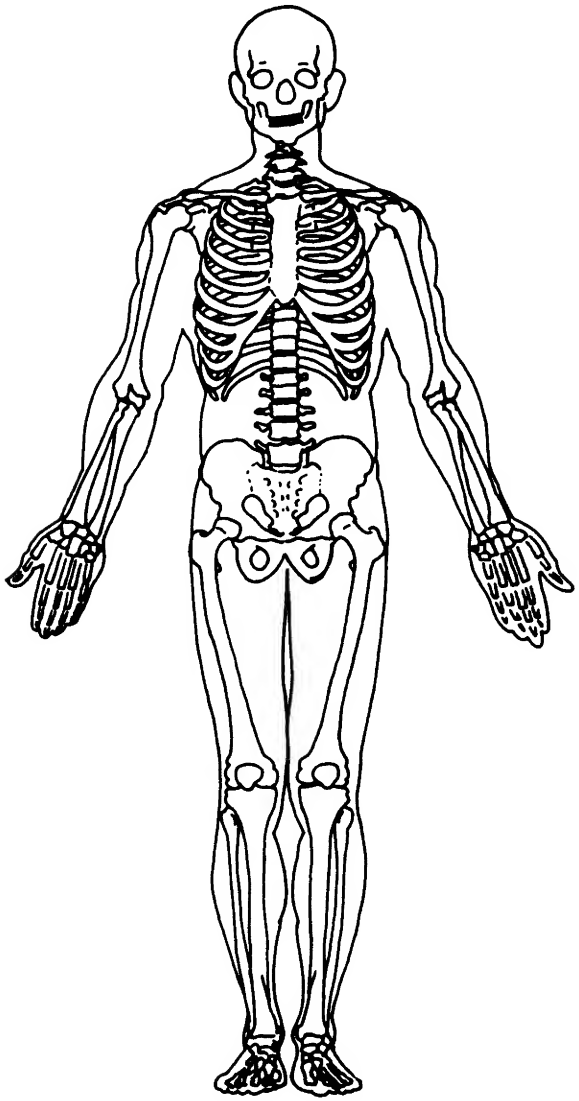
- c/o back + neck pain (EW)
- Scattered abrasions over face, and both hands and arms (EW) (ET)
- Discomfort (L) knee (EW)
- Pain (L) knee (ET)
- (L) CVA tenderness (ED)
- c/o pain (R) back (ET)
- Contusions to back (Dx' ER)

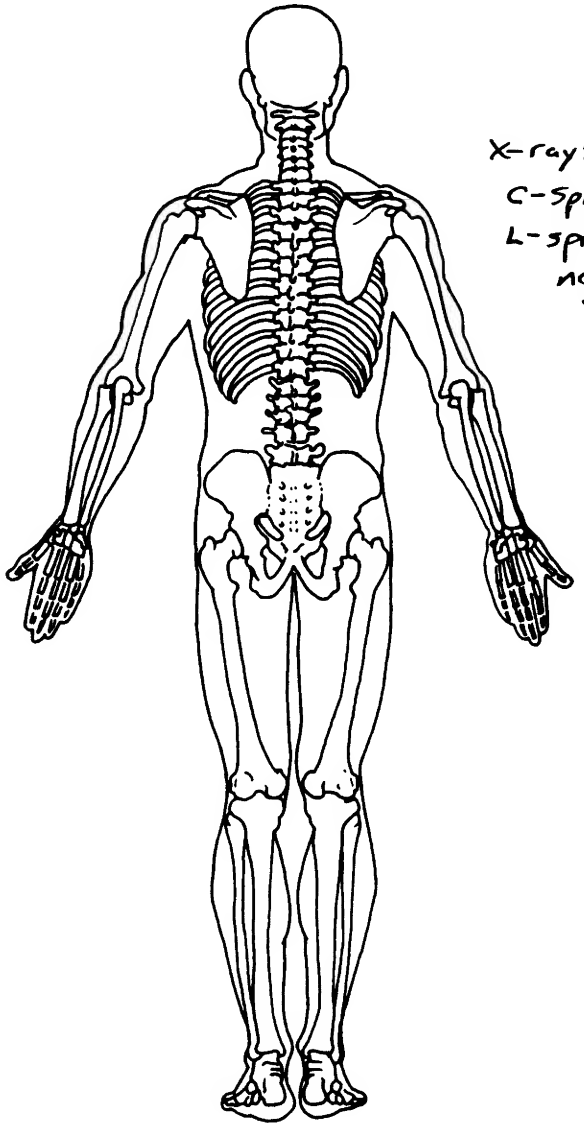
ETOH = .00 mg/dl

Urine Drug Screen: Only detected drug was Caffine

OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

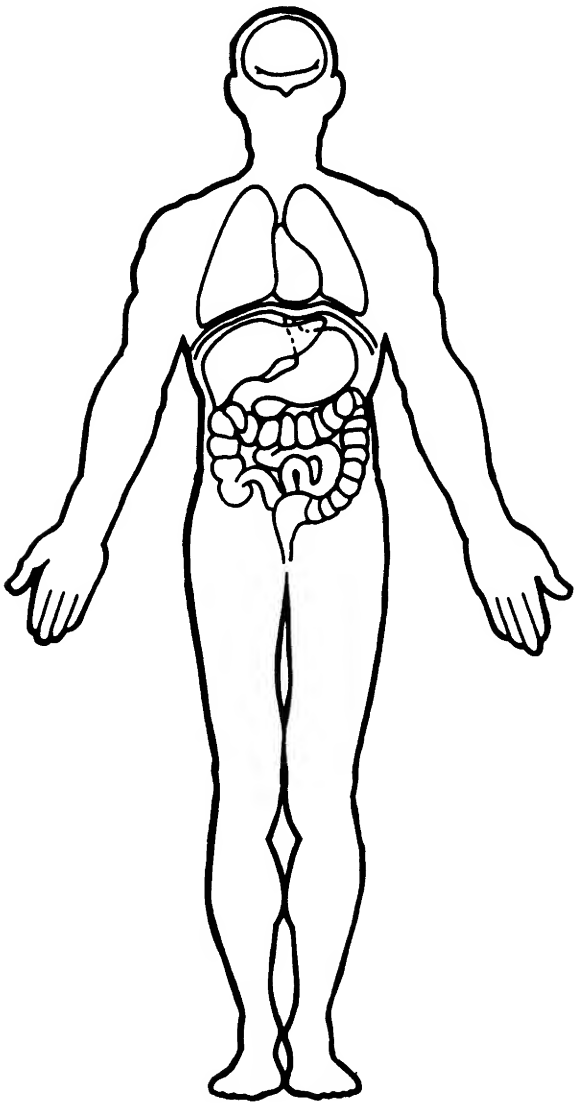




X-ray:
C-Spine +
L-spine –
negative
(ED)
(EX)

OFFICIAL INJURY DATA – INTERNAL INJURIES

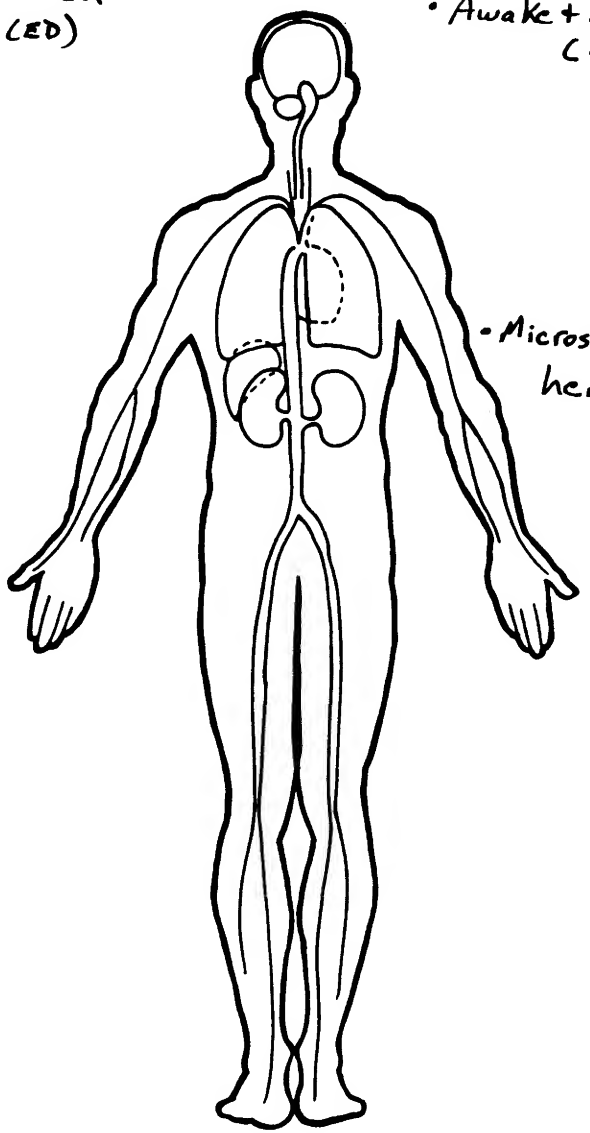
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



• PERRLA, EOM I, Fundi — OK (ED)

•Denies LOC (EN)

• Awake + alert (ET)



• Microscopic hematuria (Dx: ER)

EMERGENCY ROOM CHART

PATIENT

ACCOUNT NO. [redacted]

REG. DATE / TIME [redacted] MED RECORD NO. [redacted]

TYPE	PRE NO	DATE OF BIRTH	AGE	SEX	M-S	RACE	M-N	C N	DIABETIC	HT	WT	PREV ADMIT DATE TIME	ARRIVED WITH W.C	ADMIT
E		[redacted]	43	Y	M				0-00 000					

NAME AND ADDRESS [redacted]

EMPLOYER / CHURCH

STATUS INS-EMP SD.

( ) -

GUARANTOR

NAME AND ADDRESS [redacted]

EMPLOYER

STATUS INS-EMP

( ) -

INSURANCE

NEAREST RELATIVE

COD

00000 ( ) -

INSURANCE [redacted]

[redacted] /90 : AM

DOCTOR: DR: none

☐ DR. REFER.
☐ PATIENT REQUES
☑ AMBULANCE RUN

MISC

MED

E.R. ROOM NO.	MODE OF ARRIVAL	LAST E.R. visit	TRIAGE TIME		PRESENTLY USED MEDICATIONS:	ALLERGIES	PREVIOUS ILLNESS
[redacted]	☐ WALK ☐ WHEEL CHAIR ☑ AMB ☐ OTHER		1132	☐ FAMILY ☐ FRIEND ☐ NO	0	EPDC	0

TIME SEEN [redacted] LTT unsure LMP N/A

PHYSICIAN NOTES

43 WM in AA – hit car head-on. C/O back + neck pain – No other injuries

CRITICAL CARE ☐

LAB

☐ EKG ☐ CI
☑ URINE ☐ C & S
☐ LYTES ☐ BS
☐ BUN ☐ AMYLAS
☐ CREATININE ☐ SGOT
☑ ETOH DIAG ☐ ABG S
☐ T & C UNITS ☐ LANOXIN LEVEL
☑ DRUG SCREEN ☑ RAPID DR SCREEN
☐ CHEM 12 ☐

DOPP 06

X-RAY

MEDICATION AND TREATMENT RESPONSES

PE – PERRL EOMI fundi OK
Moving all extremities – motor/sensory normal
L. C/A tenderness HEENT – NL
Ambulatory – station/gait WNL
C Spine – Ny
LS Spine – Ny
urine – + blood

1151 AM
5-Legal

1205 07 LS Spine
08 C Spine (constable

Tylenol #3 po 8/325

RESPONSES TO TREATMENT:

Rx Tylenol #3 #12

Followup – [redacted]

DICTATED ☐

DIAGNOSIS:

Contusions to Back – Microscopic Hematuria

☐ DISPOSITIONS TRANS
☐ ADM TIME
☐ LEFT AMA
☐ ROOM NO
☐ DEATH TIME
☐ ABSOLUTE
☐ EXPIRED IN ER
☐ RELEASE TIME

0358

LENGTH	LOCATION	SIMPLE CLOSURE	LAYER CLOSER	DEBRIDEMENT	EDGES REVISED OR UNDERMINED	FOREIGN MATERIAL REMOVED OR LIGATED	BLEEDERS LIGATED	NUMBER LACERATIONS

EPDC PHYSICIAN [redacted] HOUSE STAFF ATTENDING PHYSICIAN

ROOM #: [redacted]

[redacted]

E.R. NURSING NOTES

[redacted]

MENTAL STATUS:
- ☑ oriented ☐ lethargic
- ☐ confused ☐ unresponsive

SKIN: ☐ Dry ☐ Moist
- ☐ Diaphoretic ☑ Warm ☐ Cool
- ☐ Cold ☐ Cyanotic ☑ Pink ☐ Pale

Allergies: Ø

Visual Acuity: OD 20/ OS 20/ OU 20/

Weight:

Chief Complaint: [redacted]

Presently Used Medications: Ø

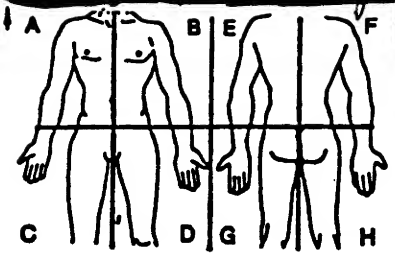
LTT unsure

Time	Temp	BP	P	R	NURSE'S NOTES
11 am	98	142/80	96	28	Involved in auto accident, driver & seatbelt on. When ambulance arrived pt outside of vehicle C/o pain lower back upon denies LOC. Scattered abrasions over face & both hands & arms. Denies pain to (L) knee [redacted]
1230					To X-ray [redacted]
18					Returned from x-ray [redacted]
1245					U/A obtained [redacted]
					Family @ bedside [redacted]
325					Medicated c tylenol #1 PO for C/O HA [redacted]
					Report called to RN [redacted]

SIGNATURES

Primary Nurse [redacted]

- ☐ Code Sheet
- ☐ Trauma Sheet
- ☐ Transfer Sheet
- ☐ Instructions
- ☐ Clothing Sheet
- ☐ Neuro Sheet



TIME/SITE/ INITIALS	MEDS	RESPONSE
325	Tylenol #1 PO	

MEDICAL RECORDS COPY

NAME: [redacted]
STREET:
CITY:
AGE: 43
FLOOR: ER
X-RAY NO.: [redacted]
DATE: [redacted]/90

DEPARTMENT OF RADIOLOGY
[redacted]

EXAMINATION: Lumbar Spine; Cervical Spine

[redacted] M.D.

cc: ER

REPORT OF RADIOLOGIC CONSULTATION

There is no evidence fracture, dislocation or abnormal soft tissue calcification. Minimal bony productive change is seen about the posterior elements of L5-S1. Mild anterior lipping is seen involving vertebral bodies L1 and L4.

IMPRESSION: 1. Minimal degenerative changes as described.

There is no fracture or dislocation involving the bones and joints of the cervical spine. The vertebral bodies, intervertebral disc spaces and posterior elements are intact. There are two small radiopaque densities adjacent to the inferior end plate, anteriorly vertebral body C6 and C5 respectively. These likely represent old degenerative avulsions. There is straightening of the normal lordosis.

IMPRESSION: 1. Minimal anterior degenerative changes at C5 and C6 as described.

[redacted] M.D.

cm
[redacted]/90

********** SPECIAL CHEMISTRY **********

TEST	UNITS	RANGE	
****--THERAPEUTIC DRUGS & TOXICOLOGY---****			
DRUG SCREEN [redacted] 1150			
			Urine Drug Screen
			Barbiturates (excluding Phenobarbital): None detected
			Phenobarbital: None detected — Acetaminophen: None detected
			Urine Ethyl Alcohol: None detected — Benzodiazepines: None detected
			Caffeine: DETECTED — Nicotine: None detected
			Cocaine Metabolites: None detected — Cannabinoids: None detected
			Ethinamate: None detected — Strychnine: None detected
			Amitriptyline: None detected — Methadone: None detected
			Nortriptyline: None detected — Methaqualone: None detected
			Imipramine : None detected — Quinine: None detected
			Doxepin: None detected — Morphine: None detected
			Amphetamines: None detected — Cocaine: None detected
			Methamphetamine: None detected — Codeine: None detected
			Pseudoephedrine: None detected — PCP: None detected
			Phenytoin: None detected — Propoxyphene: None detected
			Glutethimide: None detected — Meperidine: None detected
			Meprobamate: None detected
			Phenothiazine Metabolites: None detected
ALCOHOL LEGAL [redacted]		The DIAGNOSTIC serum alcohol is 0 MG/DL or 0 % .	
		The results of the LEGAL whole blood alcohol are UNAVAILABLE through [redacted] or [redacted] Hospital.	
		LEGAL whole blood alcohol testing is performed and reported by the [redacted] laboratory.	
		Witnessing police officer [redacted] OFFICER	
		Badge # _____UNKNOWN_____	
BARBITURATE SCN	NEGATIVE	NEGATIVE	
BARBITURATE SCN.....		A positive result indicates that the drug and metabolite are present at a level exceeding the suggested therapeutic range of barbiturate.	

********** SPECIAL CHEMISTRY **********

TEST	UNITS	RANGE	
****---THERAPEUTIC DRUGS & TOXICOLOGY---****			
BENZODIAZ SCRN	NEGATIVE	NEGATIVE	
BENZODIAZ SCRN.....		A positive result indicates that the drug and metabolite are present at a level exceeding the suggested therapeutic range of benzodiazepine.	
TRICYCLIC SCRN	NEGATIVE	NEGATIVE	
TRICYCLIC SCRN.....		A positive result indicates that the drug and metabolite are present at a level that exceeds the suggested therapeutic range for tricyclics.	

MEDICATION AND TREATMENT RECORD

☐ ADVANCE LIFE SUPPORT ☒ BASIC LIFE SUPPORT ☐ TRANSFER

[redacted] | DATE [redacted]/90 | UNIT [redacted] | DISP [redacted]47 | 10-23 TIME 1053 | 10-8 TIME 1106 | 10-23 HOSP 1133 | SIG 9

PATIENT NAME [redacted] | ADDR [redacted] | DOB [redacted] | AGE 43 | SEX M

SERVICES OFFERED GFD, OCPD, ISP, Med 81 | CONTROL NO

CHIEF COMPLAINT Injured 1050 PI | ☐ NSG HOME ☐ HOME [redacted] ☐ PUBLIC PLACE ☐ SEE COMMENTS

LOCATION OF CALL [redacted] | CONDITION ON ARRIVAL Awake + Alert

VITAL SIGNS	CALL ORDERED BY OCEMS	DELIVERED TO [redacted] EL				EKG MONITOR LEAD II ☐ SEE ATTACHED EKG SHEET
TIME						
B/P	110/50	/	/	/	/	
PULSE	120					DEFIBRILLATION x AT WATT SEC
RESP	20					
O2 ~~☐ ROOM AIR~~ ☐ O P AIRWAY		☐ CANNULA L/M	☐ SIMPLE MASK L/M	☐ NON-REBREATHER L/M	☐ E.T TUBE MM	☐ AMBU L/M

IV FLUIDS

SITE LOCATION

TIME	FLUID	AMOUNT HUNG	RATE	MEDICATIONS	DOSE	ROUTE	TIME	TIME	TIME	TOTAL DOSE
		CC								
		CC								
		CC								
		CC								
	MIXED IV:	CC								
	TOTAL FLUID GIVEN:	CC'S								

EYES	OPEN	SPONTANEOUSLY	4
		TO VERBAL COMMAND	3
		TO PAIN	2
	NO RESPONSE		1
BEST MOTOR RESPONSE	TO VERBAL COMMAND	OBEYS	6
	TO PAINFUL STIMULUS	LOCALIZES PAIN	5
		FLEXION-WITHDRAWAL	4
		FLEXION-ABNORMAL	3
		EXTENSION	2
	NO RESPONSE		1
BEST VERBAL RESPONSE	ORIENTED & CONVERSES		5
	DISORIENTED & CONVERSES		4
	INAPPROPRIATE WORDS		3
	INCOMPREHENSIBLE SOUNDS		2
	NO RESPONSE		1
TOTAL			3-15

PUPILS

TIME

R ☐ DILATED ☐ L
I ☐ NORMAL ☐ E
G ☐ CONSTRICTED ☐ F
H ☐ NON-REACTIVE ☐ T
T ☐ CATARACT/SURG
☐ BLIND

TIME

R ☐ DILATED ~~☐~~ L
I ☐ NORMAL ☐ E
G ☐ CONSTRICTED ☐ F
H ☐ NON-REACTIVE ☐ T
T ☐ CATARACT/SURG

APPEARANCE

SKIN TEMP:
☒ NORMAL ☐ HOT ☐ COLD
☐ DRY ☐ DIAPHORETIC

COLOR:
~~☐~~ NORMAL ☐ PALE
☐ MOTTLED ☐ FLUSHED
☐ DUSKY ☐ CYANOTIC

BREATHING

~~☐~~ NORMAL ☐ LABORED
☐ SHALLOW ☐ DEEP
☐ RALES ☐ RHONCHI
☐ WHEEZING ☐ STRIDOR

BREATH SOUNDS:
☐ EQUAL ☐ UNEQUAL
☐ ABSENT WHERE

ALLERGIES NONE —

CURRENT MEDICATIONS

FAMILY PHYSICIAN [redacted]

PATIENT HISTORY ☐ MI/A S H D ☐ C H F ☐ CVA ☐ HYPERTENSION ☐ C O P D ☐ ASTHMA ☐ DIABETIC ☐ SEIZURES ☐ KIDNEY DISEASE ☐ LIVER DISEASE ☐ C A ☐ E T O H ☐ O B S ☐ OTHER ☐ SEE COMMENTS

White 43 year Old Male, 1050 PI
Co Lt Side Pain, Pain in Rt lower Back
Pt was able to get out on his own. Pt was placed
On long - C Collar, V/S were taken, Pt had
Numerous small cuts from glass, hands bandaged
up. Pt was transported to [redacted] for
Evaluation - Pt was alert able to converse with
Medics.

U.S. Department of Transportation
National Highway Traffic Safety Administration

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number: 10
2. Case Number – Stratum: 9003
3. Vehicle Number: 01
4. Occupant Number: 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 33
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex: 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height: 67
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight: 120
Code actual weight to the nearest pound.
(999) Unknown

9. Occupant's Role: 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position: 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture: 1
(0) Normal posture
(1) Abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection: 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area: 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

14. Ejection Medium: 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

15. Medium Status (Immediately Prior to Impact): 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment: 0
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability 4
(0) Not available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available – type unknown
(8) Other belt (specify):
(9) Unknown

18. Manual (Active) Belt System Use 00
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used – type unknown
(08) Other belt used (specify):
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat – type unknown
(18) Other belt used with child safety seat (specify):
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
(8) Other improper use of manual belt system (specify):
(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0
(0) No manual belt used or not available
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other manual belt failure (specify):
(9) Unknown

21. Automatic (Passive) Restraint System Availability 0
(0) Not equipped/not available
(1) Airbag
(2) Airbag disconnected (specify):
(3) Airbag not reinstalled
(4) 2 point automatic belts
(5) 3 point automatic belts
(6) Automatic belts destroyed or rendered inoperative
(9) Unknown

22. Automatic (Passive) Restraint Function 0
(0) Not equipped/not available

Automatic Belt
(1) Automatic belt in use
(2) Automatic belt not in use
(3) Automatic belt use unknown

Air Bag
(4) Airbag deployed during accident
(5) Airbag deployed inadvertently just prior to accident
(6) Deployed, accident sequence undetermined
(7) Nondeployed
(8) Unknown if deployed
(9) Unknown

23. Did Automatic (Passive) Restaint Fail? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify):
(9) Unknown

24. Police Reported Restraint Use 0
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify):
(8) Restrained, type unknown
(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 5
(0) No head restraints
(1) Integral – no damage
(2) Integral – damaged during accident
(3) Adjustable – no damage
(4) Adjustable – damaged during accident
(5) Add-on – no damage
(6) Add-on – damaged during accident
(8) Other (specify):
(9) Unknown

26. Seat Type (This Occupant Position) 06
(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., van type)
(09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 6
(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify):
- Seat back deformed rearward
- Seat Cushion deformed fwd.

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed with Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 4
(0) O – No injury
(1) C – Possible injury
(2) B – Nonincapacitating injury
(3) A – Incapacitating injury
(4) K – Killed
(5) U – Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment – Mortality 1
(0) No treatment
(1) Fatal
(2) Fatal – ruled disease

Nonfatal
(3) Hospitalized
(4) Transported and released
(5) Treatment at scene – nontransported
(6) Treatment later
(8) Treatment – other (specify):

_____

(9) Unknown

36. Type of Medical Facility (for Initial Treatment) 1
(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____

(9) Unknown

37. Hospital stay 00
_____ Code number of days (up through 60) that the occupant stayed in the hospital
(00) Not hospitalized
(61) 61 days or more
(99) Unknown

38. Working Days Lost 62
_____ Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

39. Time to Death 01
_____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
(00) Not fatal
(96) Fatal – ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 06

41. 2nd Medically Reported Cause of Death 03

42. 3rd Medically Reported Cause of Death 02
_____ Code the Occupant Injury from list number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(97) Other result (specify):

_____

(99) Unknown

43. Number of Recorded Injuries for This Occupant 06
_____ Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE NO [✓] YES [ ]

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

U.S. Department of Transportation
National Highway Traffic Safety Administration

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number: 10
2. Case Number – Stratum: 9003
3. Vehicle Number: 01
4. Occupant Number: 02

INJURY DATA

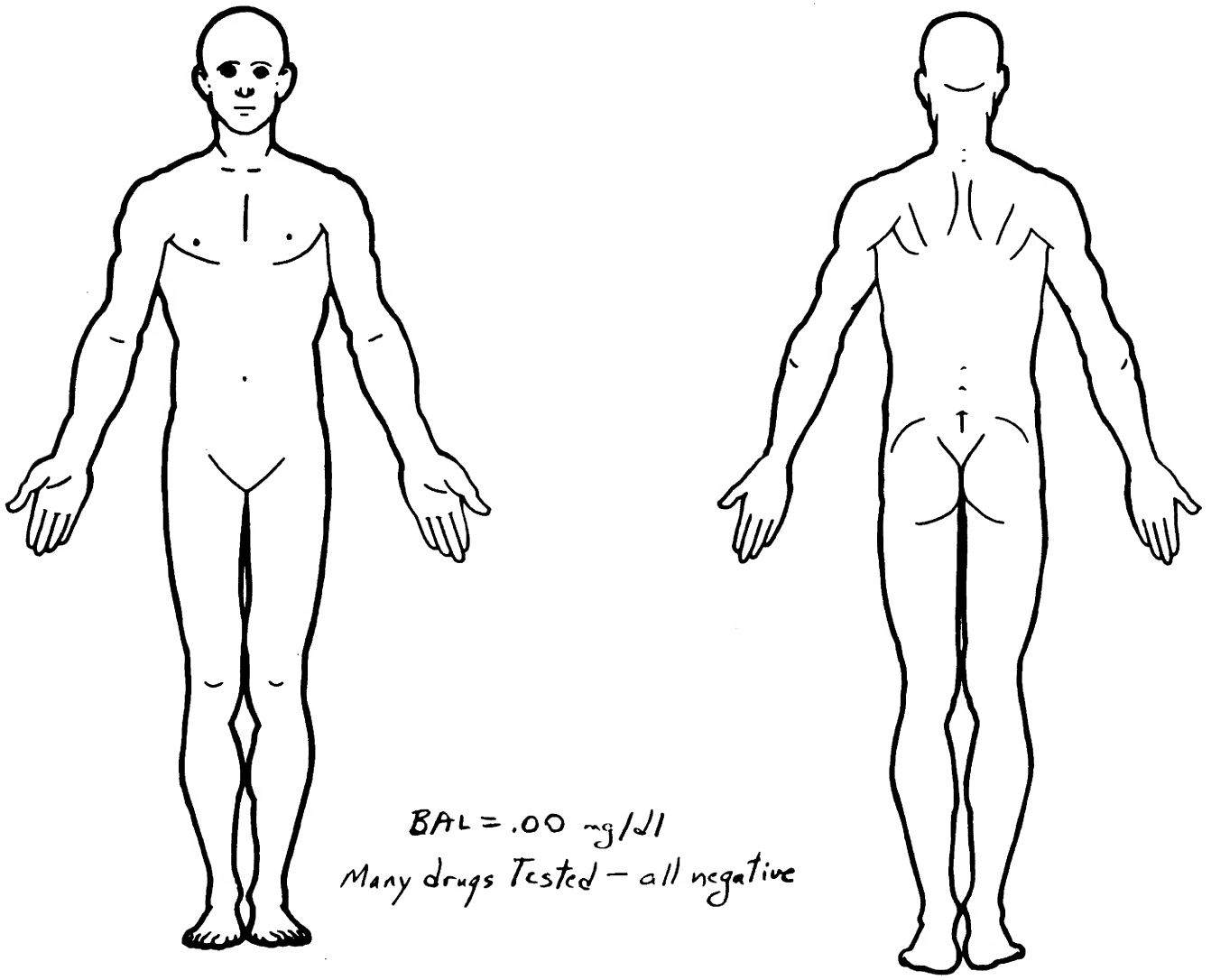
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.—A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 1	6. N	7. P	8. Z	9. V	10. 2	11. 53	12. 1	13. 1	14. 02
2nd	15. 1	16. C	17. R	18. F	19. S	20. 4	21. 30	22. 1	23. 1	24. 01
3rd	25. 1	26. C	27. R	28. L	29. P	30. 3	31. 30	32. 1	33. 1	34. 01
4th	35. 1	36. M	37. R	28. L	39. L	40. 2	41. 30	42. 1	43. 1	44. 01
5th	45. 1	46. M	47. L	48. L	49. Q	50. 2	51. 30	52. 2	53. 1	54. 01
6th	55. 1	56. M	57. C	58. L	59. A	60. 4	61. 30	62. 1	63. 1	64. 01
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

AUTOPSY Dead at Scene

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

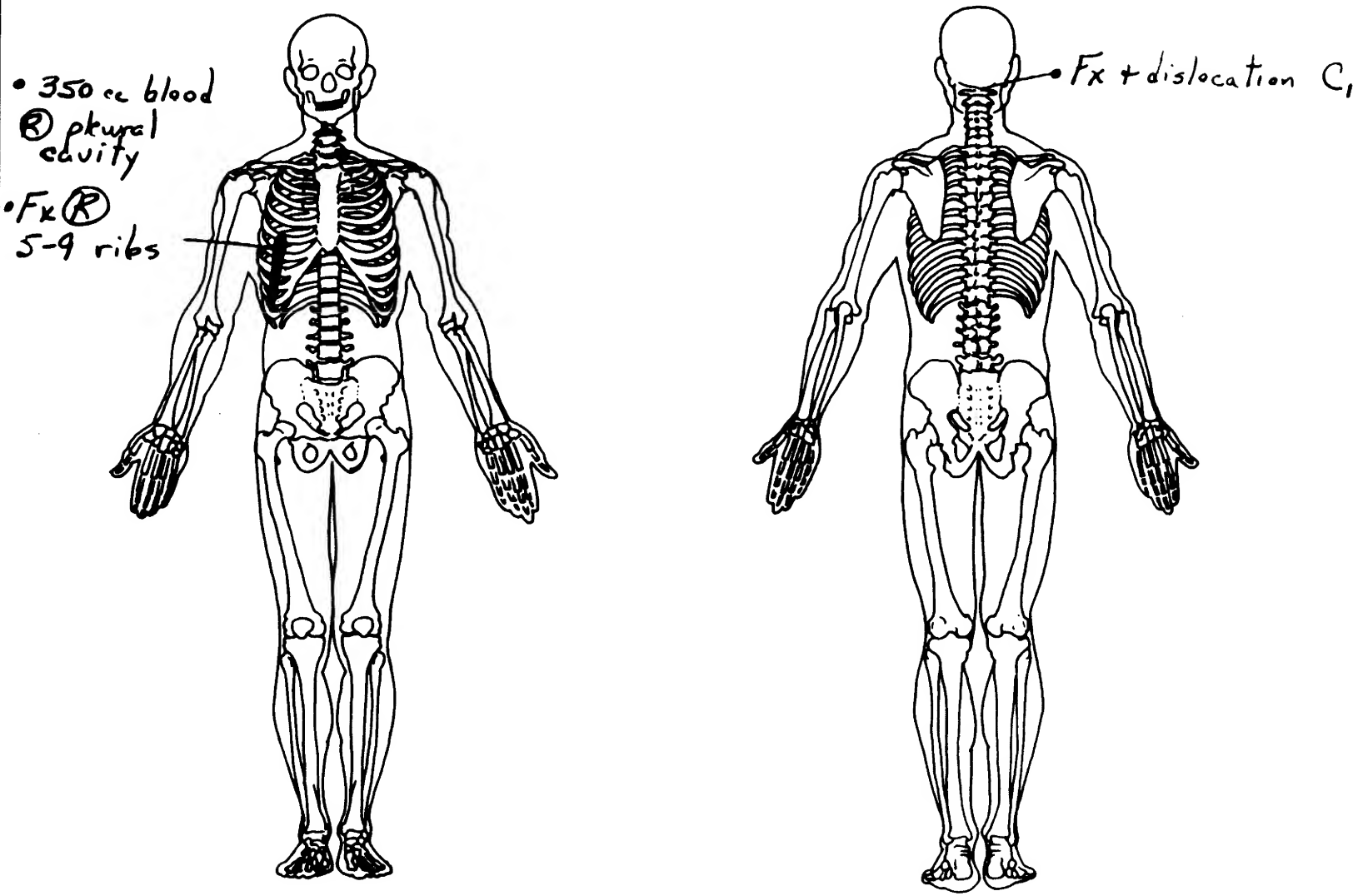


BAL = .00 mg/dl
Many drugs Tested – all negative

Cause of Death: exsanguination and 2° laceration ⊗ lung, liver, spleen, + abdominal aorta

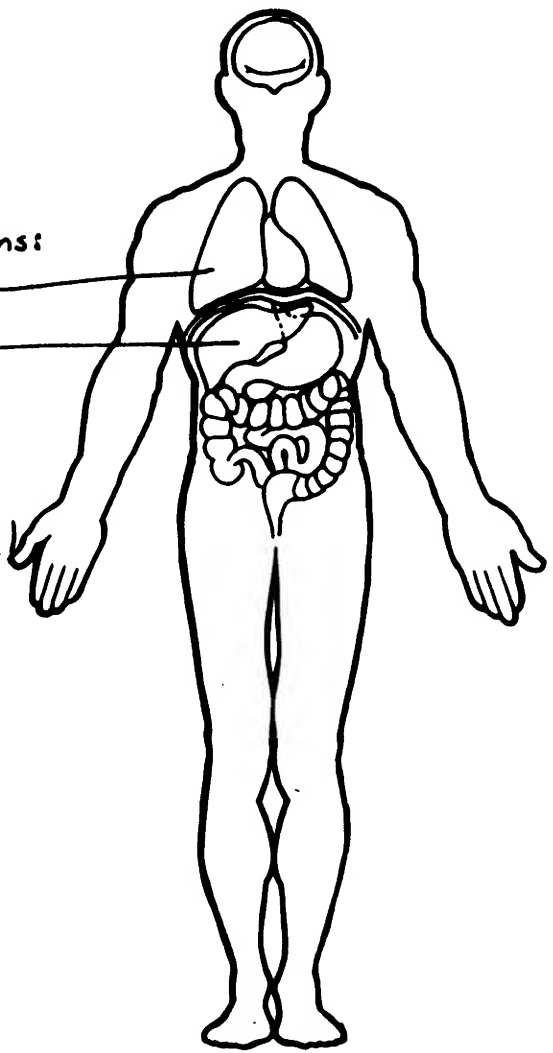
OFFICIAL INJURY DATA – SKELETAL INJURIES

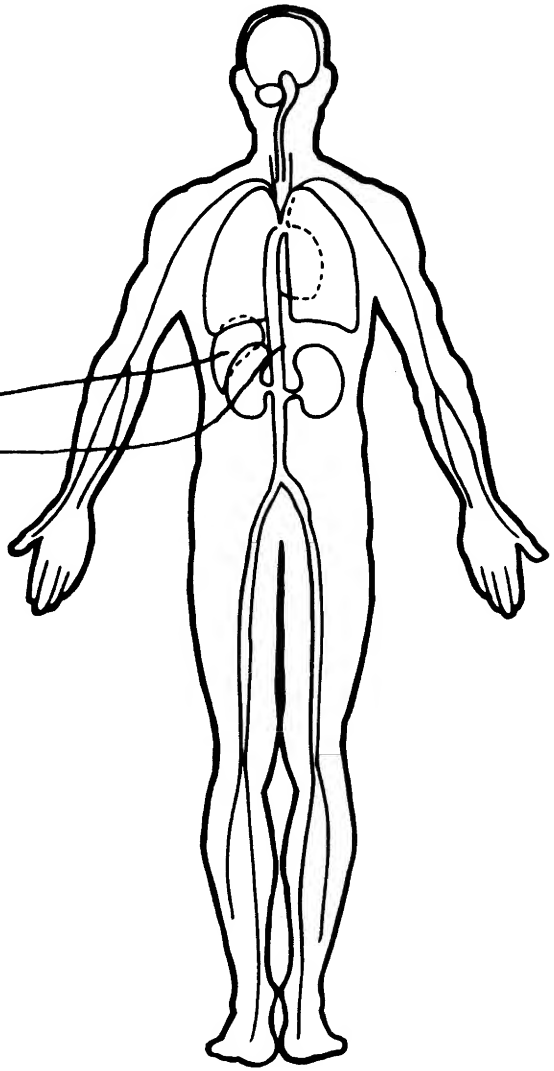
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





[redacted] HOSPITAL
Department of Pathology [redacted], Indiana Preliminary Autopsy Report

Name: [redacted] Hospital: # Autopsy: # [redacted]
Sex: Female Age: 33 Date: [redacted]

Date of Death: [redacted]-90 Hour:
Date of Autopsy: [redacted]-90 Hour: [redacted]

Performed by: [redacted] M.D.

Copies to: Coroner

Death Certificate signed as follows:

Immediate Cause of Death: Exsanguination

Due To: Laceration of right lung, liver, spleen, and abdominal aorta

Due To: Car accident

Other Conditions: Fracture of right fifth to ninth ribs; fracture and dislocation of first cervical vertebra

The following is a summary of the pertinent gross findings. A complete report will be sent to you at the completion of our studies.

SUMMARY:

The autopsy is performed on the unembalmed body of a 33 year old white female identified by the Coroner as [redacted]. The autopsy is authorized by the [redacted] Coroner, [redacted] and is unrestricted.

The findings related to the immediate cause of death are exsanguination secondary to multiple lacerations of the right lung, liver, spleen, and abdominal aorta. There are 350 cc. of bloody fluid in the right pleural cavity and 1000 cc. of bloody fluid in the peritoneal cavity. Fracture and dislocation of the right fifth to ninth ribs and the first cervical vertebra are noted.

In summary, the immediate cause of death is due to exsanguination and secondary to laceration of the right lung, liver, spleen, and abdominal aorta.

[redacted]

[redacted] M.D.
Resident

[redacted] M.D.
Pathologist

SPECIAL CHEMISTRY

TEST	UNITS	RANGE
THERAPEUTIC DRUGS & TOXICOLOGY		
DRUG SCREEN [redacted]		
Blood/Serum Drug Screen		
Phenobarbital: None detected		
Barbiturates excluding Phenobarbital: None detected		
Caffeine: DETECTED		
Nicotine: None detected		
Acetaminophen: None detected		
Ethinamate: None detected		
Strychnine: None detected		
Phenothiazine Metabolite: None detected		
Amitriptyline: None detected		
Methadone: None detected		
Nortriptyline: None detected		
Methaqualone: None detected		
Imipramine: None detected		
Quinine: None detected		
Doxepin: None detected		
Morphine: None detected		
Amphetamines: None detected		
Cocaine: None detected		
Methamphetamine: None detected		
Codeine: None detected		
Pseudoephedrine: None detected		
PCP: None detected		
Phenytoin: None detected		
Propoxyphene: None detected		
Glutethimide: None detected		
Meperidine: None detected		
Benzodiazepines: None detected		
Meprobamate: None detected		
SERUM ALCOHOL = 0.0 MG/DL OR 0.000%		